CMP
United Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

21 January 2006

ETP needs to be equitable, DoH advises PCTs

Lloyds warns NHS reforms are hitting contract

Cegedim Rx and Enigma merge for IT benefits

Your guide to the information superhighway

5 days of cold and flu symptom relief...

...in one pack

Paracetamol diphenhydramine pseudoephedrine

Contents

www.dotpharmacy.com

Chemist & Druggist

The Newsweekly for Pharmacy

Volume 265 No 6529
First published September 15, 1859
ISSN 0009-3033

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at:
http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers. £55 per single copy. Subscription plus additional Price List: UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF Telephone: 01858 468811
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

This week

Pharmacy update

Regulars

Features

PCTs must play fair with ETP rollout

by Gary Paragpuri

Pharmacists must be treated fairly when they register for the electronic prescription service (EPS), the DoH has warned.

PCTs are responsible for registering pharmacists for the first phase of EPS, but this must not "commercially disadvantage" any pharmacy, the DoH has said in advice sent to it and strategic health authorities.

This has allayed fears that those who are first to gain access to the NHS IT system could gain an advantage. Tim Donohoe, group programme director of NHS Connecting for Health, which is responsible for implementing the NHS IT system, had already hinted that the DoH would ensure an equitable rollout of the EPS service (*C&D, November 12, p4*).

The DoH's guidance, issued this month, on registering pharmacists for the EPS service reflects the fact that it will be rolled out in two phases – an initial 'core' EPS rollout followed by a 'full' rollout.

The PCT's registration authorities are initially required to register pharmacists for core EPS use only and not for access to the NHS care records service, which may follow when the full EPS service is introduced.

Community pharmacists will also need to sign a 'user policy' confirming their acceptance of the conditions for using the EPS service, and must "acknowledge responsibility for compliance with it".

The user policy will require that:

- The custody and use of the EPS smartcard and password (to access the NHS IT network) remains the responsibility of the pharmacist to whom it was issued.
- The EPS smartcard may be used by any pharmacy staff member under the jurisdiction of the pharmacist to whom it has been issued.

Other points covered by the DoH guidance are that:

- Pharmacists should, as good practice, maintain an audit trail of all users of the smartcard.
- Locums will normally be registered by the PCT in which they principally work, although, under some circumstances, locums may need to register with the PCT where they live.

PRACTICE

Lloyds says PCT reform is hampering new pharmacy services

Lloydspharmacy has urged the Government to keep going with its current restructuring of PCTs but not to forget about community pharmacists during the process.

In a response to a health select committee investigation into the current reconfiguration of PCTs, the pharmacy chain highlights its belief that, post-restructure, PCTs will be stronger, will be in tune with local authorities and existing health and social care services, and will be able to deliver better services for patients.

But it points out that, to date, the changes proposed in the July 2005 *Commissioning a Patient-led NHS* initiative have caused a great deal of uncertainty among PCTs, which have become reluctant to commission enhanced services. Lloydspharmacy said in its response: "The current hiatus on PCT reform and the uncertainty of the final reform means that innovative patient care outside the traditional GP setting is being delayed."

Lloydspharmacy: patient care outside the GP setting is being delayed

It also points out that interacting with the existing 300 PCTs carries numerous commercial challenges, and brings inconsistencies in the way that services are commissioned.

Urging the Government to prioritise community pharmacy in the rethink, the company said: "The Government needs to recognise that patients value the provision of health services in the pharmacy. It is critical that the Government meets the expectations that are being raised amongst the public that local services will be provided by different settings."

MPs on the committee remain unconvinced that the rethink of primary care commissioning will yield the expected benefits. In a damning report, *Changes to Primary Care Trusts*, the MPs have called the rethink "clumsy and cavalier". The MPs concluded: "The risks of the proposals contained in *Commissioning a Patient-led NHS* are high and there is little evidence that the costs will be outweighed by the benefits."

PRACTICE

Supervision proposals could be open to abuse

Efforts to relax the pharmacist supervision rules could be open to abuse by employers, employee pharmacist representatives have warned.

Based on an online poll of members' views, the Pharmacists' Defence Association believes that pharmacy owners could be tempted to stretch the boundaries of any new supervision rules in an effort to reduce operational costs. This would compromise both patient safety and increase significantly the responsible pharmacist's personal vulnerability to liability, it believes.

PDA director Mark Koziol said: "Remote supervision can never be an advantage to patients. We know that the presence of a pharmacist in a pharmacy has averted numerous disasters."

The PDA is calling on the Department of Health to ensure that pharmacies can only be operated in the absence of a pharmacist in very exceptional circumstances.

It does, however, welcome the replacement of the ill-defined concept of personal control with that of the 'responsible pharmacist'.


Mark Koziol: rule changes could be abused

Picture: Dave Henderson/Southend Evening Echo

Lucky escape: staff had to tackle the robot to free Mr Siabi's arm

IT

Pharmacist trapped in dispensary robot

by Max Gosney

An Essex pharmacist had to be rushed to hospital after getting his arm stuck in his pharmacy robot.

Nader Siabi was left shaken and bruised after getting jammed in the £100,000 automated dispense system at his Pharma Healthcare pharmacy in Canvey Island.

He said: "I did something silly and put my hand through the exit gap to try and pick up an item. The conveyor belt moved at the same time and jammed my hand against the Perspex screen."

Staff had to smash the robot's safety screen to free the stricken Mr Siabi.

He explained: "I yelled out in pain and my staff came rushing in. They hit the screen twice with a small hammer and it shattered. I was concerned that I may have fractured something and went to casualty for an X-ray."

However, Mr Siabi was given the all clear by hospital staff and has since re-acquainted himself with the robot, produced by Pharmatrack.

"We've not stopped using the machine, which has been fantastic at reducing dispensing times.

"There are sensors in place to shut the system down. But I put my hand where nobody had thought to fit one. I think I tested the machine to the limit," he joked.

Pharmatrack has since modified the machine, which stores up to 15,000 items, to prevent a repeat incident, stated Mr Siabi.

Pharmacy robots have an excellent safety record, stressed robotics expert and pharmacy consultant Richard King. He said: "It sounds as if he [Mr Saibi] was particularly unlucky. This type of thing is very unusual, especially in a robot with very few moving parts. Machines are manufactured to a very high standard and have built-in safety devices."

Mr Saibi purchased the machine as part of a recent £250,000 re-fit at the pharmacy.

The contractor, who runs three pharmacies in the Canvey area, said he would christen the robot 'Henry'.

In brief

End of SPF

Members of the Scottish Pharmaceutical Federation have voted to wind up the organisation as a prelude to a merger with the Scottish Pharmaceutical General Council.

In a postal ballot, 95 per cent of the votes cast were in favour of winding up the SPF. A vote at the SPGC's annual general meeting has already approved the merger (*C&D, November 19, p12*).

SPF chairman and vice-chairman James Semple and Maurice Hickey will now take their places on the standing committee of the SPGC, making it the sole body representing the owners of Scotland's 1,100 community pharmacies. SPF's Glasgow office will close shortly.

Off-site MURs

The Welsh Assembly Government has promised to investigate local health boards' policies for allowing MUR reviews off the pharmacy premises. WAG believes that some LHBs are being unduly restrictive and is advising LHBs to give permission if the premises appear suitable and if there is patient benefit.

Rx endorsements

NCSO (no cheaper stock obtainable) endorsements have been agreed by the DoH and the National Assembly for Wales for January prescriptions for fenbufen tablets 300mg and ketoprofen capsules 100mg.

Drugged in care

Thousands of old people in nursing homes in England are being sedated without medical grounds, a survey by Liberal Democrat MP Paul Burstow has found.

More than 26,000 pensioners may be inappropriately given antipsychotic drugs to pacify them and allow homes to cope with staff shortages.

Tamiflu raid

Illegal Tamiflu (oseltamivir) valued at £500,000 has been seized by authorities in London. The Medicines and Healthcare products Regulatory Agency (MHRA) confirmed that it had uncovered 5,000 packets of the bird flu treatment in raids this week. The rogue drugs are believed to be "stolen but not fake" confirmed an MHRA spokesperson.

Newsdesk:
01732 377688

Enigma Health and Cegedim Rx IT firms to merge

by Max Gosney

Pharmacy system supplier Cegedim has joined its Enigma Health and Cegedim Rx businesses as part of plans to offer contractors a complete ETP solution.

The unified business would begin rollout of ETP-compliant systems with connection to the national NHS network, N3, "shortly" said Simon Driver, appointed managing director of the new company.

He said: "We can now maximise our position in the marketplace by adopting a combined strategy in terms of ETP. The message is that we are going to be ready for ETP. We're going to provide N3 solutions and expect to launch our offer towards the end of this month or early February."

Simon Driver will be the MD of the new company, which will have a 50 per cent market share

The combined company was as yet unnamed because of "legal issues", stated Mr Driver.

But he told *C&D* that there were no plans for staff redundancies.

Improved IT support for existing Cegedim Rx and Enigma Health customers would be a key goal for the joint company, stressed Mr Driver.

"If contractors have one of our products then they should continue to use it as normal. We are going to look at offering improved customer services and develop our portfolio of products," he said.

Merging the businesses also offered major operational advantages, claimed Mr Driver.

"This gives us over 50 per cent of the pharmacy IT market. We will have greater influence with organisations like NHS Connecting for Health as well as the largest development, support, IS and training departments."

RETAILING

Festive high for Boots is thanks to pharmacy

Record breaking prescription volumes helped Boots break Christmas sales predictions, the retailer has revealed.

Boots pharmacies dispensed over two million prescriptions during late December to help the retailer record better than expected figures for the final three months of 2005.

An overall 0.7 per cent fall in like-for-like sales surpassed City forecasts of a 1.2 per cent slump.

A focus on health, which increased sales by 2.8 per cent, had reaped rewards, said Boots.

A spokesman commented: "We've spent two years putting the chemist back into Boots and the policy is paying off. In terms of dispensing volume it was our biggest Christmas ever and up by 250,000 on last year."

Profits had been hit by the Pharmaceutical Price Regulation Scheme, confirmed Boots.

Overall like-for-like sales were up by 0.3 per cent after adjusting for the PPRS, claimed the retailer.

Boots also announced a 2.7 per cent increase in over the counter medicine sales, with vitamins particularly popular over Christmas, reported the company.

Other areas including beauty and toiletries remained "tough"

Christmas prescriptions helped Boots outperform City forecasts

as the company struggled to compete with large supermarket firms, said Boots. **MG**

PSNC

PSNC continues its quest for fair funding

The Pharmaceutical Services Negotiating Committee has vowed to ensure continued fair funding for pharmacy services during 2006.

As part of this work, the organisation is collaborating with the DoH to examine the purchase profits available to independent pharmacies.

Other joint work is being undertaken with NHS Primary Care Commissioning to consider how practice based commissioning will affect the uptake of enhanced services.

One particular area of focus for PSNC over the next year will be the new contract and the development of advanced services. As well as negotiating contract funding for 2006-07, PSNC says it will monitor the number of pharmacies conducting MURs, press for the annual limit to be increased from 250, and has asked Connecting for Health for advice on sending MUR forms to GPs electronically.

Pfizer

Nicorette 16-hour patch.

No more than necessary.

A 15mg patch specifically designed to deliver only 16-hours of nicotine for effective smoking cessation[1]

- Mimics patients' smoking patterns to avoid nocturnal nicotine
- Does not add to the sleep disturbance associated with nicotine withdrawal[2,3]

Prescribing information can be found on adjacent page.

nicorette®
nicotine

A smart choice. A serious chance.

www.nicorette.co.uk

RPSGB functions to split?

by Asha Fowells

The Royal Pharmaceutical Society may not be allowed to continue both regulating and representing the profession, a senior figure at the Government body that oversees health regulators has suggested.

Julie Stone, deputy director at the Council for Healthcare Regulatory Excellence and a visiting professor in healthcare ethics at Lincoln University, said: "The RPSGB appears to manage its dual roles in a way that is compatible with public protection. Nonetheless, current Government thinking is that these roles should be separated and the Foster recommendations are likely to address this issue."

The Foster review was set up last March to consider the regulation of healthcare professionals (*C&D, March 19, p7*) and the final report is expected in February.

Professor Stone's comments followed an article she wrote for *Consumer Policy Review*, a policy debate forum published by *Which?* In it, she outlines how the Shipman Inquiry prompted a shake-up of professional medical and non-medical regulation, describing it as "an historic opportunity... to create a consumer-focused, flexible workforce while reducing regulation duplication and gaps".

Dismissing the notion that other regulators are "paying the price" for GMC shortcomings, Professor Stone calls the review overdue, citing "significant discrepancies in every area" between the current nine regulatory bodies. And although she says that replacing the existing framework with a single body is unlikely in face of opposition from the professions, she says it could remain the possible long-term solution.

The RPSGB building in Lambeth: current Government thinking is that its roles should be separated

IT

Wales plans for ETP in 2006-07

Electronic transfer of prescriptions should start in Wales during 2006-07, the Welsh Government has said.

The Welsh Assembly is planning to roll out the information management & technology (IM&T) component of the new pharmacy contract in Wales in two phases. Firstly, it is planning to fund and co-ordinate pharmacists' connection to the NHS Wales network. To qualify for the £2,600 IT allowance, pharmacists should upgrade their hardware and software to connect to e-mail and the NHS Wales website, Health of Wales Information Service (HOWIS).

Secondly, in 2006-07 suppliers will roll out the Welsh ETP software, triggering a further £1,000 allowance for participating contractors.

Bristol pharmacist Margaret Partington has retired after more than 50 years in the profession. She had been working part-time at The Regent Practice in Clifton since it opened three years ago. "I intended to retire at the age of 60 in 1991 but I took up locum work. Then I was persuaded to do a regular two days a week at The Regent Practice when one of the owners told me he had great respect for age and experience," she said. Ms Partington aims to continue her association with the profession through her involvement with a telephone helpline for stressed pharmacists. She said she would certainly recommend pharmacy as a career although it is very different today from when she graduated from the School of Pharmacy at the University of London in 1954

WALES

WAG issues contract check guidance

The Welsh Assembly Government has issued guidance for local health boards planning a pharmacy contract compliance check.

In its January briefing paper, it points out that LHBs are not required to analyse in detail a pharmacy's standard operating procedures.

"Compliance requires only an appropriate standard operating procedure to be in place," it says, advising that LHBs ask staff members suitable questions about their procedures to establish their understanding and compliance levels.

WAG has also reminded LHBs that any monitoring visit should be planned so as not to impact negatively on the day to day running of the pharmacy.

"Inspection teams should not expect to have the pharmacist devoted to them during any visit, nor should the inspection disrupt the concentration of pharmacy staff in the provision of care to patients." **AC**

new

It's not every day a treatment comes along that suits almost all of your customers

Why Full Marks Solution is ideal

For you

- From the market leader in head lice treatment
- Patented toxin-free combing solution – cyclomethicone + isopropyl myristate
- Great range of eye-catching POS
- It will attract new customers – 57% of users consider non-insecticide treatments[2]
- Clinically proven status satisfies your customers' No1 requirement – efficacy[2]
- Dual positioning can increase sales opportunities – self-selection in main store and back wall for recommendation

For your customers

- Clinically proven efficacy
- Offers an alternative to current range of treatments
- 10 minute application
- Comes complete with metal tooth comb and combing solution
- Dermatologically tested and can be used by asthmatics
- No unpleasant smell
- Peace of mind – it's from the leading experts in head lice treatment

Full Marks Solution 100ml (2 treatments) PIP code 312 – 5648 Consumer SRP £5.99 Trade £20.49 (traded unit of 6)
Full Marks Solution 200ml (4 treatments) PIP code 312 – 5655 Consumer SRP £10.99 Trade £ 37.60 (traded unit of 6)

References 1 IRI sales scanned price all outlets MAT 22 Jan 2005 2 Consumer research September 2002

SSL International plc

SSL International, Venus, 1 Old Park Lane
Trafford Park, Manchester M41 7HA, UK

PRACTICE

Keele to examine the early days of new contract

Finding out how well the new pharmacy contract in England and Wales is bedding in is the aim of a research project by the Pharmacy Practice Research Trust.

Keele University is leading the research, which will report initially in November. Part of the Trust's Medicines and People programme, the project will receive £140,000 in funding, which comes from a restricted RPSGB grant.

The research will look at the implementation of the contract, based on the perspectives of healthcare professionals, patients and healthcare users, on three levels:

- Implementing enhanced and advanced services: including what extent and types of services are being offered, barriers and supporting mechanisms to implementation, degree of working with commissioning organisations to address local health needs.
- Outcomes for staff, including the impact of the new contractual framework on pharmacy staff in relation to workload, work satisfaction, skill mix, inter-professional relationships and clinical decision-making.
- Quality issues such as how primary care organisations are tackling monitoring arrangements, clinical governance and patient safety agendas, and pharmacist accreditation.

Enhanced services: research will look at how such services are working out for all concerned

Included in the research will be a survey of PCOs in England and Wales to map the commissioning of enhanced services and provide information on the extent of integration of community pharmacy into their work, and on how monitoring is being conducted.

The findings will be used to inform reports, articles, presentations and briefing papers for the NHS and pharmacy audiences. **AC**

LEGAL

Wakefield man arrested after CD drugs heist

A man has been convicted and remanded in custody following two break-ins in three days at a Wakefield pharmacy.

The Co-op pharmacy at Buxton Place, Wakefield was burgled on two separate occasions just two days apart. On January 7 and 9, a thief broke in through the roof and stole Controlled Drugs worth a total of £30, according to pharmacist Sharon Kaur. The roof had been secured by police after the first break-in.

A 27-year-old local man, Scott Carton, is due to appear at Leeds Crown Court on February 13 for sentencing in connection with handling stolen goods from the pharmacy.

The Wakefield Co-op branch was targeted by burglars several years ago. Pharmacist Ms Kaur says that since the attack, the pharmacy has been trading normally but that staff "were shaken, especially going into the shop in the morning". The pharmacy is, however, now making a substantial investment in new security systems.

PRACTICE

Nine South Glos pharmacies offer NHS Stop Smoking service

Nine South Gloucestershire pharmacies representing independents and multiple chains are offering a smoking cessation service in an 18-month pilot running until March 2007.

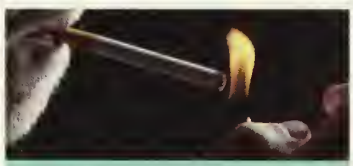
"Pharmacy staff have been trained to the same high standard as stop smoking advisors in GP surgeries," said June Martin, who heads the NHS Stop Smoking service in South Gloucestershire.

They attended a two-day foundation course, which looked at understanding the smoker, addiction and health behaviour, as well as an evening event.

In order to be accepted on the scheme, the pharmacies had to be able to offer a consultation area, be willing to train their staff and also be open on Saturday afternoon.

"We have taken on those that are really keen to offer the service," said Ms Martin.

The scheme will be assessed in March 2007 to see whether it will continue. "I hope it will," said Ms Martin. "My biggest concern is what will happen to our allocation of money in the restructuring of PCTs."



Help is at hand for smokers in South Gloucestershire

- PharmacyHealthLink, the Department of Health's East Midlands Public Health Group and the UK Public Health Association will be holding a free evening workshop at the University of Nottingham School of Pharmacy on February 15 to help community pharmacists work with NHS Stop Smoking services. The event will highlight the practical and financial challenges and help put the potential business benefits into context.

For more information:
www.pharmacyhealthlink.org.uk

POLITICS

Welsh fear free scripts won't last

Some Welsh politicians believe that free prescriptions being introduced in April next year may not last long. A political opponent of free scripts for all said Scotland had opted not to follow Wales because it considered it would not be affordable.

Welsh health minister Brian Gibbons had previously admitted that no assessment has been made of the extra demand that will result. This was because past reductions in the charge had produced "no significant increase, apart from usual trends".

But the first hint of ministerial concern about what might happen appeared last week in a written reply by Dr Gibbons to Liberal Democrat health spokesman Jenny Randerson.

Dr Gibbons said the public will be "encouraged to be responsible in their use of prescriptions so that this position [free prescriptions] can be maintained".

However, Mrs Randerson said: "Some of us can remember the abuse of the system that resulted when prescriptions were free some years ago with patients demanding medical help for unnecessary ailments, over-ordering medication, and demanding a prescription for items which they previously paid for over the counter.

"Is Dr Gibbons now preparing us for the possibility of charges being introduced in a year or so after the abolition?" **CB**

In brief

NPA board

Steven Williams has been elected to the NPA's management board to represent area 15, the North West of England. Mr Williams, managing director of a chain of 54 pharmacies, is also chairman of the Association of Independent Multiple Pharmacies (AIMp).

In addition, Maurice Hickey has been nominated by the Scottish Pharmaceutical Federation to sit on the NPA board. Mr Hickey owns three pharmacies and is vice-chairman of the SPF.

Why wait weeks?

Visibly clearer skin in just 3 days!

Help customers deal with mild to moderate spots fast and effectively with Clearasil Ultra Rapid Action Treatment Cream.

- **2% Salicylic Acid – to help unblock pores and reduce redness.**
- **Hydrogen Peroxide – to kill spot-causing bacteria.**
- **Clearasil Ultra pads, wipes, scrub, wash and lotion available – visibly clearer skin in just 3 days.**
- **Clearasil, UK's best known medicated skincare brand, £5.6m marketing support in 2006.**

CLINICALLY PROVEN

Visibly clearer skin in just 3 days

PRACTICE

Stoma supply changes could disrupt patient care

Government plans to pay appliance contractors less for supplying stoma products could affect the quality of services, patient groups have warned.

Proposals to reimburse appliance contractors the same as pharmacists mean companies will no longer be able to provide fitting and delivery services, patient representatives have said.

But John D'Arcy, NPA chief executive, said it was important to offer local choice to patients. "The key to access and choice is pharmacy involvement but there need to be sufficient incentives to make the market work," he told *C&D*.

Patient group representatives and stoma suppliers are opposed to the DoH's move however. Colostomy Association general manager Celia Waters said: "Our members are quite upset - the service they currently receive is discreet and they do not want their service to be affected in any way."

John D'Arcy: key to access and choice is pharmacy involvement

Specialist Independent Appliance Wholesalers (SIAWs) have expressed fears over the possibility of the DoH drastically changing arrangements for the provision of dressings, incontinence and stoma appliances, chemical reagents and other appliances.

The wholesalers – Donald Wardle & Son, North West Ostomy Supplies and Ostomed Healthcare – have called for a holistic approach to the re-design of the service, rather than a staged process, which they believe would risk damaging significantly the existing broad range of services that are currently available to patients.

Donald Wardle, director of Derryck Bond, said: "Should the Department implement a staged approach, as outlined in its consultation document, it would almost certainly result in the destabilising of SIAWs.

"The dramatic reduction in reimbursement for current products could lead to manufacturers squeezing margins to SIAWs who already operate on very narrow net margins; further reduction would threaten their viability and damage the service that patients receive."

(*See also p18*). **CS/GP**

POLITICS

Pharmacies need to make better use of staff skills

Pharmacies need to maximise their skills to move "onwards and upwards", John D'Arcy, chief executive of the NPA, has said.

Speaking at the Royal Pharmaceutical Society Chiltern Region's conference in London on Monday, Mr D'Arcy said pharmacies had been reluctant to make the best use of their skills.

"There's a huge shift required," he said. "Pharmacy is in the driving seat of implementing the new contract and pharmacies need to sell their wares. If GPs are otherwise engaged you are picking up their roles, but it's not doing the GP's jobs for them.

"The problem with pharmacy is it has to take on the big jobs but we don't do it very well. We need to jump on the escalator to move onwards and upwards and provide better services."

Sandra Gidley: important to build relationships with MPs

The conference, on whether political parties help meet the changing role of pharmacies, gave pharmacists the chance to outline their views of the profession to politicians.

Sandra Gidley, a pharmacist and Liberal Democrat MP, said it was important for pharmacies to build relationships with their local MPs while the new contract is being implemented. "There's a potential you will need them when you have an issue," she said. "Don't just sit back and wait until the next problem arises."

Liam Byrne MP, Labour's care service minister, said he expects the role of pharmacies to change significantly in the future. **CS**

PRACTICE

NICE seeks views on quit smoking services

Pharmacy organisations are being asked for their vision of smoking quit services in the community.

NICE has published a draft document for smoking cessation assistance, including supply of nicotine replacement therapy, in primary care and workplaces.

Particular emphasis is placed on facilitating access to help for difficult-to-reach or high risk groups, such as ethnic minorities or pregnant smokers.

The final version of the document will be published on the NICE website in March, with full guidance expected by August 2007.

Inbrief

Scottish scripts

The Scottish Executive is to publish a consultation paper setting out options for changing the current prescription charge system. The move follows a Bill, announced by Scottish Socialist Party MSP Colin Fox, calling for the charges to be abolished. His Bill has the backing of MSPs on the health committee.

Nuts & bolts

A guide on how to become one of the new generation of NHS providers has been published by the NHA Alliance this week.

The nuts and bolts of primary care provision is written for NHS clinicians and managers who want to get involved in new opportunities for alternative providers of primary and community care services.

Priced at £10 for non-members, it is available by calling 01777 869080 or e-mailing *office@nhsalliance.org*

Poster complaints

The mail order company Pharmacy2U has agreed to stop publication of a poster following complaints that it encouraged the public to seek POMs.

The MHRA received two complaints over an erectile dysfunction advert, in men's toilets and on a website, regarding price comparisons as part of a dispensing service and information on a consultation service provided by Pharmacy2U. The MHRA upheld the complaint, and the company has withdrawn the advert.

Cohen's on TV

Gerry Diamond, a pharmacist at Cohen's Chemist in Salford, has appeared on a local TV station. On January 10, he spoke to Channel M about teenagers and his sexual health and emergency hormonal contraception services. He said: "It is good that they came and asked pharmacists about it."

Questiontime

This week's question:
How would you rate your MP's awareness of pharmacy?

- **Good – regularly champions the cause**
- **Fair – is kept informed**
- **Does not appear to be interested**
- **Don't know who my MP is**

You have until noon on January 24 to vote at *www.dotpharmacy.com*. We will publish the results in *C&D* on January 28.

The first licensed head lice medicine without pesticides

No neuro-toxins

The first licensed medicine developed specifically to kill head lice without pesticides.

No problem with eggs

Hedrin's two-step treatment kills head lice - then goes on to kill lice from any newly hatched eggs, when used again 7 days later.

No resistance

Hedrin works by killing lice physically, rather than by poisoning, so it even kills insecticide-resistant lice, time after time.

Suitable for sensitive skin

Hedrin isn't absorbed through the skin so it's suitable for children from 6 months. Hedrin does not contain any solvents which may be problematic in asthma.

No nasty odours

Colourless, odourless Hedrin's silky lotion means it's easy to apply. It even leaves the hair feeling glossy and conditioned.

Easy to use

Hedrin's convenient shatterproof bottle with a dropper applicator allows accurate and economic treatment.

DON'T LOSE YOUR HEAD
USE YOUR HEAD
USE YOUR HEDRIN

Product Details
Hedrin 4% Lotion Dimeticone 50ml PIP Code: 317-4166 RRP: £4.99 Trade Price: £35.70 (12) EAN: 5011309885019
Hedrin 4% Lotion Dimeticone 150ml PIP Code: 317-4174 RRP: £11.49 Trade Price: £41.00 (6) EAN: 5011309885217

Product Information Hedrin 4% Lotion. Presentation: cutaneous solution containing 4% dimeticone w/w. **Indications:** for the eradication of head lice infestations **Dosage and administration:** Adults nd children over 6 months: Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to ps. Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days. **ontraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity. For external se only. If accidentally introduced into the eyes, flush with water. **Side Effects:** Minor adverse events include an itchy or flaky scalp and dripping/irritation around the eyes. **Product License Holder:** Thornton

Available on FP1

WIN £25!

MUR top tips

We asked you for your top tips on conducting medicines use reviews. We will pay £25 for the best tips you send in.

Uzma Chaudhry, a relief pharmacist manager for Lloydspharmacy, in Oxfordshire:
Attach an MUR sticker to bagged up prescriptions.

I have conducted 40 MURs since August 2005. I mainly select patients over the age of 60, on heart medication, asthma or diabetic medication. When the patient comes to collect their prescription I inform them that we are running a new service.

I let them know that I will go through each of their drugs, make sure they are taking them properly, and help if there are any problems.

MURs only take me about 15 minutes to conduct and mostly everyone has thanked me for my help and said the review was beneficial.

Send your top tips to *C&D* at *chemdrug@cmpinformation.com* or fax to 01732 367065 and you could win £25.

Follow Graham North's advice for successful MURs

Last week, we reported how Graham North had become the first pharmacist with Alliance Pharmacy to carry out 200 medicines use reviews (*C&D, January 14, p8*).

To identify patients suitable for MURs, Mr North uses a six-pronged strategy. This includes targeting:

- Patients (in particular, the elderly) on four or more medicines.
- Prescriptions involving PCT/GP prescribing initiatives.
- Prescriptions with obvious dose optimisation benefits.
- Prescriptions with potential savings through generic prescribing.
- Patients with unusual repeat prescription intervals, indicating possible compliance problems.
- Risk reduction opportunities (fall hazards or use of enteric coated products in patients with dyspepsia).

To promote the service, Mr North is also using a combination of patient-focused initiatives, such as flagging prescriptions and then inviting relevant patients for the MUR, displaying posters and bag inserts.

"Developing effective methods of inviting patients is a top tip," he says. Appointment card reminders and a follow-up phone call aim to minimise no-shows. He also takes time to emphasise to patients that the MUR/PI service is a free, NHS service, as well as explaining the difference between an MUR and an annual review.

The branch's existing prescription collection service creates a number of time 'windows', during which MURs can be done. Mr North aims to conduct the majority of MUR appointments during routine visits by a second pharmacist, and there are also plans to involve regular locums in the MUR service.

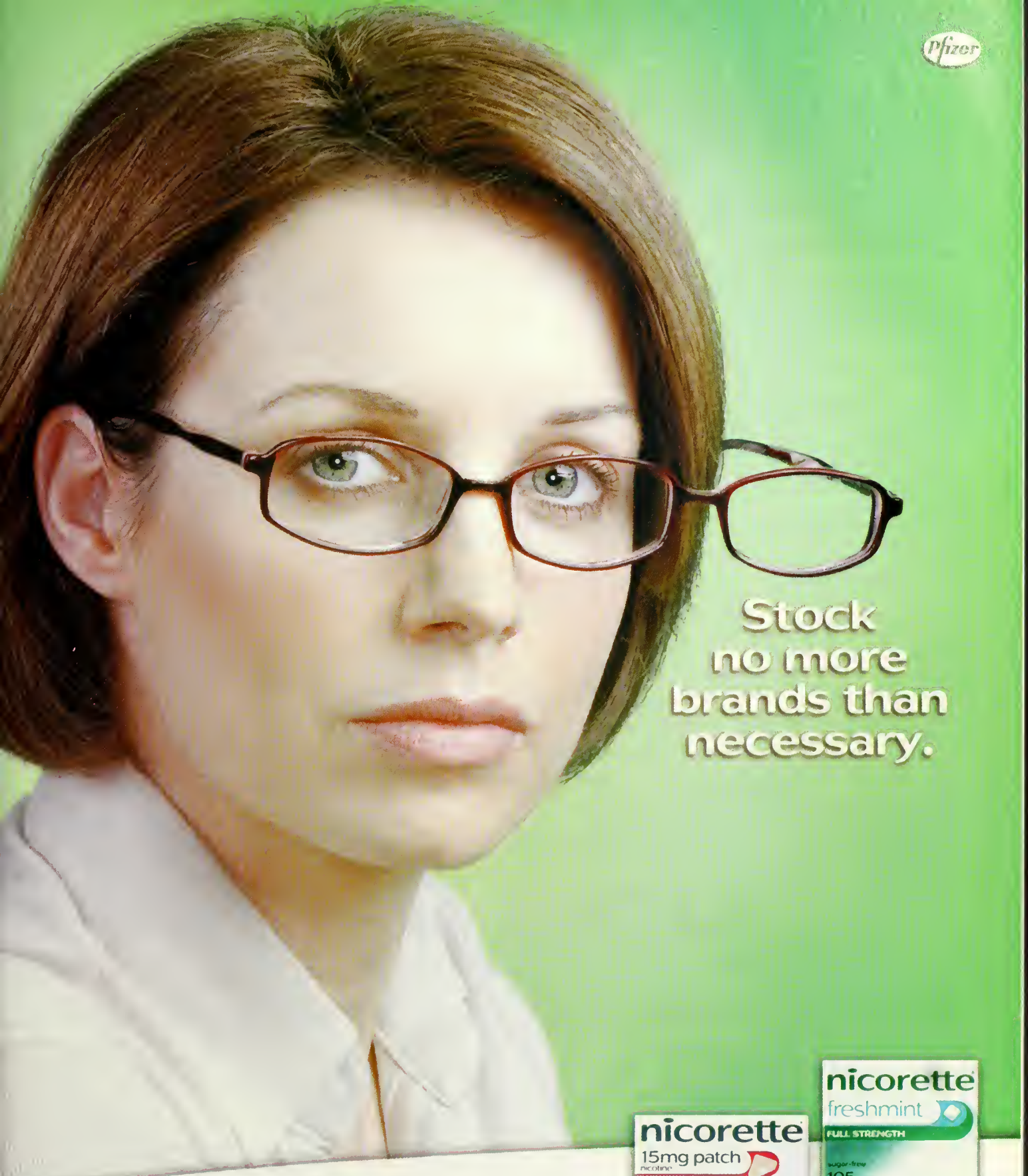
Graham North: suggests focusing on five or six main therapeutic areas

Noting that MURs can vary in length between 12 and 40 minutes, depending on the level of complexity and the number of items to review, he believes the key is to book a mixture of short and long MURs in a particular session.

Mr North also believes that preparation time can be minimised by focusing on five or six main therapeutic areas covering the most common prescriptions. "This saves time, and proficiency in these areas develops more quickly."

He summarised the top five interventions as follows:

- Side effects requiring prescription changes.
- Advice on specific medicines or administration technique or dosing.
- Risk reduction requiring a change of prescription.
- Dose optimisation changes proposed.
- Recommendations for prescription changes according to NICE guidelines.



- More customers choose **nicorette®** than any other NRT brand[1]
- £13m brand support in 2006, including national TV advertising

UK's No.1 selling NRT brand

nicorette
nicotine

Our question for pharmacists this week was:

Which is your biggest concern at the moment?

"Supermarkets are a big threat. People go just to shop but end up stopping at the pharmacy as well. We're all guilty of it"

Elinor Jones, Cardiff

"The supermarkets are our biggest problem. They're opening up a lot of small stores and are treading on people's toes in the process"

Anil Shah, Southgate, London

Our online poll at *www.dotpharmacy.com* said...

Comment from the Editor

A split decision?

The clearest hint yet that the regulatory and professional representation remits of the Royal Pharmaceutical Society could be split has been highlighted (*see p8*).

Despite stressing that she was giving a personal view, Julie Stone, an expert in healthcare ethics, is also deputy director at the Council for Healthcare Regulatory Excellence, the 'overarching regulator' of the health professions. Her comments to *C&D* are illuminating: despite the Society appearing to manage its dual roles "in a way that is compatible with public protection" she points out that "current Government thinking is that these roles should be separated". If that is the case, pharmacists may wonder why there was so much fuss over the Charter.

It was the previous health secretary John Reid who called for the Foster Review of health regulators, and not the incumbent Patricia Hewitt. Her dismay with aspects of his health policy have been aired already. Will she vote for an all-out ban on smoking in public, rather than support the exemptions Mr Reid argued for? If so, how much does she agree with the need for the Foster Review?

Professor Stone says that abolition of the existing regulators would be politically unacceptable. However, she adds: "This does not mean that this should not remain the Government's long-term objective."

No doubt the personal views of those at CHRE will help inform the organisation's official response to the Foster Review. But will it simply be giving the current politically correct view? You may well wonder. Professor Stone says the existing system is confusing for "consumers". We think health regulation is about making healthcare safer for "patients".

"Pharmacists may wonder why there was so much fuss over the Charter"

Yourviews

E-mail your views to chemdrug @ cmpinformation.com

A letter headed 'disgruntled technician' arrived in our office this week ...

Just what do you think we do?

It was with interest that I read your comments on 'Last orders for final check?' and the tide of change that is rising with the issue of direct supervision (*C&D, December 10, 2005, p16*).

As a registered pharmacy technician, I was also surprised to read the comment about robots taking over the dispensing process and the confidence put in computerisation and mechanics, rather than human ability, except of course the ability of the pharmacist.

With 22 years' experience of pharmacists and locums, the very thought of these pseudo GPs invading the NHS and subsequently prescribing, fills me with the utmost trepidation and dread, especially when their capabilities quite often do not extend to a competent final check.

However, robots may have their place. For instance, in allowing me to turn up to work armed with the daily newspaper, a list of things I can do and don't do and of course joining my superior colleagues seated in a quiet corner of the dispensary.

Fancy, I thought technicians and dispensers were valued team players and a welcome back-up to the weighty responsibilities endured by our 'highly educated, patient focused' pharmacists.

Which leads me to a question: does pharmacy and the new contract actually lend itself to a professional and caring vocation or is it now just a money-spinning business with self-opinionated, over-egotistical members parading as something they are not – GPs?

With diminishing respect, sir,
Ms Disgruntled.

The name and address of this letter's author was withheld. However, has 'Ms Disgruntled' got a point? Let us know your views – send your comments to chemdrug@cmpinformation.com or write to C&D, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Xrayser

TOPICAL REFLECTIONS

Times misfires at the APPG

Last Friday's *Times* launched a rather badly informed attack on All Party Parliamentary Groups, and the pharmacy group in particular. If you believe this article the wicked pharmaceutical industry is bankrolling a group of good for nothing MPs who help pharmacists in such devious aims as winning "a slice of the £20 million morning-after pill market".

The MPs are, according to *The Times*, nothing but puppets out for a free lunch who have all their reports written for them by a PR agency. The naughty so and sos behind the group are the CCA, NPA, PSNC and RPSGB, who must be up to no good because they have come up with a remit for the group "to raise awareness of pharmacy and pharmacists and to promote pharmacy's current and potential contribution to the health of the nation". Sounds very selfish and self serving to me. I don't think so.

The POM to P switch of EHC has been in everybody's best interests, but particularly patients. The fact that patients can now choose to pay for EHC increases their choices and is in line with the Government's policy of increased self-care. Other causes that the APPG has championed, such as retaining the control of entry requirements, a greater role in obesity management, and the benefits of our new contract, have all been for the greater good and in line with Government policy. It is no wonder that a lobbying group that saves the Department of Health money has been so successful.

Lobbying groups must be funded to some degree in order to hold meetings and publish reports but I would be the first to complain if I thought our four representative bodies were funding unnecessary Champagne at The Ivy for Harold Stoate and his colleagues. To compare the current situation to the 'cash for questions' scandal of the 1990s is way off the mark.

It is unlikely to be coincidence that the profile of community pharmacy at Westminster has never been higher and the APPG has probably been one of the best examples of our representative bodies working together for the whole profession. It would be a sad loss for everyone if the group was disbanded as a result of a journalist's sensation-seeking story.

Society left to tackle wholesale problems

I'm glad the Society has raised the MHRA's lax wholesaling licensing procedures with the Government (*C&D, January 14, p6*) because it seems that no one else was going to. The RPSGB usually leaves confrontations of this nature to others but perhaps realised this was not an option here.

Cartoon by Don Seed

ITV's *Tonight with Trevor McDonald* show on January 9 was quite shocking as it made clear that virtually anybody with half a brain cell and some office space can set themselves up as a wholesale dealer. The absence of patient queries and media reports following the programme can only be explained by its lack of sensationalism and a failure by the lay person to understand its implications.

Once an organisation has a wholesale dealer's licence it is assumed that all medicines they supply are legitimate, so any cowboy who's fraudulently obtained his licence can distribute anything in passable packaging throughout the supply chain. It is more difficult to open a bank account than get a wholesaler's licence. The potential for fraud, never mind terrorism, is mind-boggling. Patients will suffer unless this problem is tackled.

Hamish Meldrum, chairman of the BMA's GP committee, appeared on the programme sounding suitably shocked at its findings, but I have seen no official comment from the BMA. So while the programme's makers thought a doctor was best placed to comment on the findings, the doctors themselves think it is up to someone else to take the matter further. The public should be grateful that the Society has assumed this responsibility on their behalf.

LPC INBOX

New challenges, same frustrations

PCTs – no money. Contractors – no time.

I restate the obvious – working together we have a chance, divided as a profession we have none. The various representatives around the table all nod their heads in agreement and then off they go and do their own thing, or not, as the case may be. GPs may argue among themselves, but when it comes to acquiring funding for a commissioned service they readily join hands.

However, with renewed enthusiasm we keep trying to move the profession forwards, firstly in its own eyes, and then in the eyes of other professionals and commissioners. The list in the 'to do' box is not necessarily getting longer, but is becoming more demanding:

- Contractor support for new contract (still).
- Contract monitoring.

"Working together we have a chance..."

- Easter Sunday opening.
- Encouraging delivery of MURs.
- Repeat dispensing.
- EPS implementation plans.
- Oxygen transition.
- Flu pandemic strategies.
- OOH reviews.
- LPC elections.
- PSNC dinner invites for guests and MPs.
- LPC members' skills development.
- NHS restructure.
- Practice based commissioning.
- Multi-disciplinary working.
- Developing and negotiating enhanced services.

That will do for this month's work on top of the plethora of further DoH initiatives and papers to keep abreast of and action, never mind remembering all the acronyms.

Written by a pharmacist and LPC officer

Stoma care pricing arrangements to be revised

Supply and remuneration for stoma appliances are being reviewed. **Jane Ellis** looks at the lead Scotland is taking and describes the situation in England

Contractors in Scotland are to be paid the same as appliance contractors for supplying ostomy products from April.

In addition, the Scottish Executive Health Department will set up a national list of stoma appliance service contractors as part of an integrated approach to stoma supply.

The move has come about after questions were raised over the appropriateness of sponsoring or company employment of stoma nurses. Legislative changes will also prevent the inclusion of appliance suppliers on the pharmaceutical list, with the NHS not reimbursing contractors who are not on the list.

Under the scheme, contractors will receive a fee of £13 for each stoma appliance supplied (up from the current fee of £1.20), and will be reimbursed for supplies on the basis of prices to be established by Scottish Healthcare Supplies, without discount clawback being applied. It is envisaged that in future stoma nurses will take on responsibility for prescribing stoma appliances.

Scotland is ahead of England and Wales on this issue.

In England and Wales the Department of Health has been consulting on the *Arrangements for the provision of dressings, incontinence appliances, stoma appliances, chemical reagents and other appliances to primary and secondary care*, but has not yet concluded its deliberations – the closing date is January 23. Nevertheless, the proposals are similar.

The DoH aims to:

- Maintain and improve the current quality of care to patients.
- Secure value for money for the NHS.
- Ensure equitable payment for equivalent services and transparent reimbursement pricing.

The NHS spends more than £631 million each year on items and services for this sector. Of this, primary care accounts for £542m (83 per cent) and secondary care £89m (17 per cent).

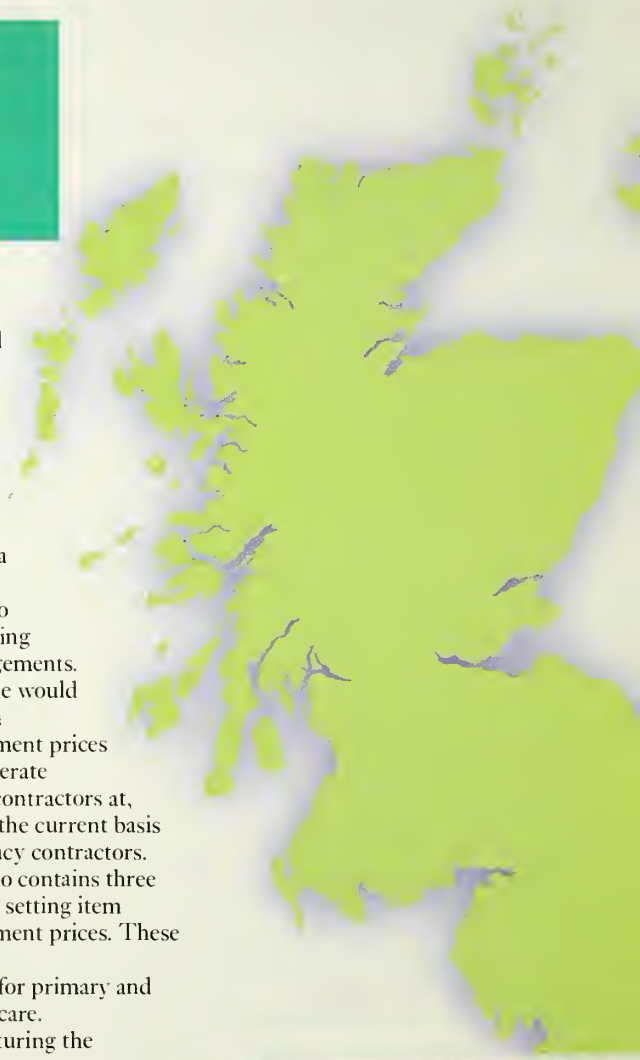
In addition to revising the payment structure for items and services, the DoH aims to develop a code of practice for suppliers in partnership with patient groups, suppliers and contractors. This would tackle key topics including patient service specification, sponsorship of nurses and patient groups and the direct marketing of items to patients.

The DoH is proposing a two-stage approach to implementing new arrangements.

Stage one would adjust item reimbursement prices and remunerate appliance contractors at, or near to, the current basis for pharmacy contractors.

Stage two contains three options for setting item reimbursement prices. These are by:

- Tender for primary and secondary care.
- Restructuring the current primary care reference pricing system and set secondary care prices by tender.
- Reference to the underlying costs and secondary care prices by tender.



Scotland is ahead of England and Wales regarding stoma supply and is setting up a national list of stoma appliance service contractors

Will the proposals jeopardise care?

Essential services in stoma care could be jeopardised and undermined by the proposals put forward by the DoH in its consultation, according to the Patients Industry Professionals (PIPs) Forum.

PIPs fears that the most needy patients could find their condition exacerbated, leaving them debilitated and confined to their homes, with associated implications for their mental health.

The proposals could also lead to the commoditisation of products, increased costs to the NHS and the closure of smaller Dispensing Appliance Contractors (DACs).

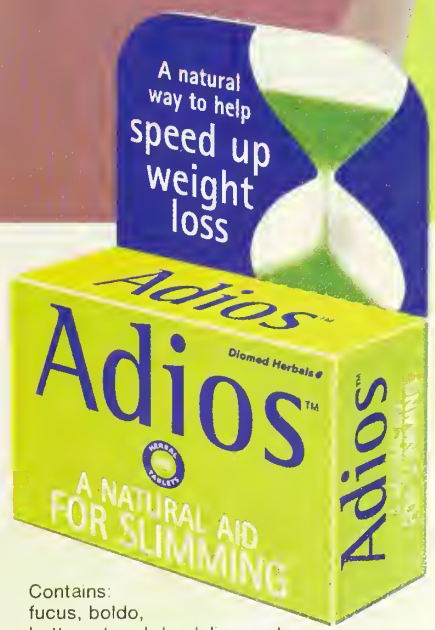
DACs deliver products to the patient's home – an essential service for many – either because elderly patients have no access to the high street, or because recently discharged patients are incapacitated. In both cases, says PIPs, high street access to services "is neither practical, appropriate, nor possible".

Celia Waters, general manager at the Colostomy Association, agrees. "These supply companies can do a fantastic service and make life a lot easier for people with mobility problems."

The provision of specialist nurses to deliver care for stoma patients is essential and continuing care critical to their physical and psychological recovery and the rebuilding of their confidence, says PIPs. "The current proposals appear to rest on a desire to achieve price parity in the services provided by DACs and those provided over the

Continued on page 20 ▶

Let your customers say Adios to weight they don't want



Contains:
fucus, boldo,
butternut and dandelion root

Adios is the best selling OTC slimming tablet in the UK; and now with our eye-catching new campaign in women's magazines and on TV, demand is sure to be even higher. Adios offers great profit potential so make sure your customers' weight-loss is your gain!

Stock up on the UK's No.1 selling slimming tablet

what have you got to lose?

Adios Tablets Adios Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Legal category:** GSL Further information is available from DDD Ltd, at the address above.

www.adiosdiet.co.uk

counter by high street pharmacies.

"This is a cost-cutting exercise so there is bound to be a compromise," adds Ms Waters. "The suppliers are specialist companies – they have people on phone lines so if patients have a problem, they will help. Our members are quite upset by these proposals. The service they receive currently is discreet – going to a pharmacist is not discreet and that's the fear of patients."

PIPs is also concerned that the ultimate impact of the proposals will open the market to the supply of inferior products, since the decisions relating to preferred suppliers will largely be dictated by price.

Anne Demick, national secretary of 'ia', The Ileostomy and Internal Pouch Support Group, says patients should have the right to get their stoma products from anywhere. "The choice that we have at the minute is a good choice."

Pauline Hodson, a clinical nurse specialist in stoma care at Manchester Royal Infirmary, does not think rationalisation of products will serve the best interests of patients. "In terms of colostomy bags, one size doesn't fit all. The wrong appliance means patients will not have quality of life."

Although Ms Hodson believes there can be problems with sponsorship of stoma care nurses, if the practice is taken away, she thinks nurse numbers might fall, which again would not help patients who need specialised care.

Leading a **normal** life

Jane Ellis discusses some of the practical aspects of stoma care from the point of view of those who live with stomas

Around 100,000 people in the UK have a stoma. The majority of these have colostomies, with ileostomies and urostomies making up the remainder.

Stoma appliances vary depending on the type of stoma the person has. The stoma appliances come either in one piece, which includes a protective skin barrier, or two pieces, with a separate protective barrier that remains on the skin between bag changes and needs to be replaced every few days.

Seals/flanges come in a number of sizes to fit the different dimensions of stomas. People who have irregularly shaped stomas or ones that do not conform to pre-cut sizes will benefit from uncut flanges (which are supplied with a starter hole to help in cutting). To aid flange cutting, patients are usually given a template of their stoma by the stoma nurse, which they then use to cut the flange to shape. This can be tricky and quite technical, particularly for someone with poor eyesight or an elderly patient without much dexterity. Flange cutting is an important part of the service offered by a dispensing appliance contractor (DAC) or pharmacist.

In spite of technical advances in filters, patients complain of two main problems. The first is when the filter becomes blocked and the bag blows up – also called ballooning – and becomes detached. The second is the opposite effect, caused by the filter working too well and removing all the air from the bag and creating a near vacuum, which results in 'pancaking' where the two sides of the bag are

completely flat and waste sticks around the stoma instead of dropping into the bottom of the bag. In the worst cases, this can be a cause of leakage.

Manufacturers have tried hard over the years to develop a filter that works in all situations. Some bags now incorporate a separate sheet of plastic to prevent contact with the bag contents and others have developed a foam pad to soak away moisture and keep the filter dry. They have also tried changing the shape, position and constituents of the charcoal filter.

Anne Demick, national secretary of 'ia', The Ileostomy and Internal Pouch Support Group, says research and development into new products by the manufacturers enables stoma patients to do what they want with their lives. "These products are essential if stoma patients are to live their lives to the full. They need to be well chosen, properly fitting and discreet," she says. "Having the right products is paramount to quality of life."

Thirty years ago, skin problems such as allergic reactions to adhesives and keeping the bag on were common, says Ms Demick. To a large degree, only a few people will suffer serious skin problems these days. The focus has shifted – manufacturers now have their own helplines and magazines and patients can talk to their stoma nurse – the avenue of reporting has widened and improved.

Common problems in stoma appliances include leakage and accidents, bleeding, lack of adhesion, odours, residue and sore skin.

A problem stoma that is retracted or causes leakage is commonly managed using a product that has a convex-shaped flange which is either in-built during manufacture or, in the case of some two-piece appliances, a ring adaptation inserted into the flange before application to the body.

Pauline Hodson, a clinical nurse specialist in stoma care at Manchester Royal Infirmary, says poorly cut apertures can cause the stoma to swell if too small. If they are too large, skin will show and be irritated by the stoma output and become sore. Changing products for a better fit and using a protective paste or skin barrier should help.

Skin creases, scars or swellings around the stoma make the area uneven and prevent the stoma pouch or flange from sitting flat against the skin, which can lead to leakage. It can also prohibit good adhesion. This can be improved through using filler pastes and seals.

Ms Hodson agrees that patients rarely suffer skin problems these days, as the adhesives used are generally skin friendly. However, inappropriate soaps and wipes that contain perfume or moisturisers can cause irritation and affect how the pouch or flange sticks to the skin. Shaving foams and hair removal creams should be avoided, as they are also irritants.

Some patients may run into problems with medication: some drugs may affect the effluent, while the presence of a stoma may affect the absorption of some medicines. Others need guidance on their diet to avoid excess wind and odour.

> **"These products are essential if stoma patients are to live their lives to the full"**
>
> **Anne Demick**

Support groups

ia, The Ileostomy and Internal Pouch Support Group
www.the-ia.org.uk
British Colostomy Association
www.bcass.org.uk
The Urostomy Association
www.uagbi.org

For more information:

www.clinimed.co.uk
www.coloplast.co.uk
www.convatec.co.uk
www.dansac.co.uk
www.hollister.com
www.pelicancancer.org
www.salts.co.uk
www.wellandmedical.com

NEW ONE-A-DAY TABLETS

VITABIOTICS
WHERE NATURE MEETS SCIENCE

It's time to support your immune system.

- Advanced one-a-day formula based on extensive worldwide research (data on file). To help maintain a healthy immune system and support long-term cell protection.
- Proven effectiveness in a landmark published double blind clinical study conducted by the world renowned London School of Hygiene and Tropical Medicine[1].
- Powerful synergistic formula includes **Vitamins C and E, Selenium, Zinc, Natural Carotenoids, Bioflavonoids** plus vital vitamins and minerals.
- Ideal for those who want to maintain resistance to infection, who already have a cold and wish to boost their Vitamin C and nutrient intake, individuals with a weak immune system, and those who want to provide their body with maximum nutritional support.

MAJOR NEW ADVERTISING CAMPAIGN STARTS JANUARY

Available from your wholesaler

SELENIUM+ immunace® ONE-A-DAY TABLETS*

For more information:
Call free on 0800 980 9060, email info@vitabiotics.com, write to: Vitabiotics Ltd, 1 Apsley Way, London NW2 7HF or visit www.immunace.com

[1]Jiamton S et al. A randomized trial of the impact of multiple micronutrient supplementaton on mortality among HIV-infected individuals living in Bangkok. *AIDS* 2003, 17: 2461-2469 *Patent Pending

CPD

This article can help in the following CPD competencies: **G1a, G1c, G1d, G1e, C1c, C3b.** A list is available at *www.uptodate.org.uk/home/PlanRecord.shtml*

Understanding sleep

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1358), in association with multiple choice questions being published in *C&D* February 4, provides one hour's continuing education

Objectives

- To know what is considered appropriate sleep requirements
- To know the cycles of sleep
- To be aware of the anatomy and biochemistry controlling sleep
- To know how to deal with sleep disorders in the pharmacy
- To be aware of the causes of insomnia

Dr Mike Mead starts a two part series on sleep disorders with an overview of what we know about the nature of sleep

All animals need sleep and unravelling the pattern of human sleep has been one of the most difficult of scientific enterprises. It is still the subject of much debate today.

There are two states that alternate in cycles during sleep, non-rapid eye movement (NREM) sleep and rapid eye movement (REM) sleep, each with different characteristics:

- NREM sleep is divided into stages 1-4, each stage becoming deeper. Stages 3 and 4 are termed slow wave sleep (SWS). During NREM sleep brain activity is less than in wakefulness, and is accompanied by a lower pulse and blood pressure.
- By contrast, REM sleep has recordable brain activity similar to the waking pattern and with this mental activity comes dreaming – vivid dreams are often reported if a patient wakes from this state of sleep. There may be irregular breathing and variability in pulse and blood pressure. A key feature is the lack of muscle tone/power.

Sleep usually starts with NREM sleep. There are then, on average, four to six cycles of alternating NREM and REM sleep throughout the night, with each cycle lasting about 90 minutes. In adults about 20-25 per cent of the total night's sleep is REM, with 75-80 per cent as NREM sleep. In the first third of the night it is the deep slow wave sleep that predominates in the NREM portion and, in the first sleep cycle in particular, REM sleep may last only for a few minutes. REM sleep occurs more in the last third of the night's sleep, with the longest REM cycle occurring towards the end of normal sleep.

Changes with age

Healthcare professionals see many elderly patients who report difficulty sleeping. About 30 per cent of patients aged over 65 years have difficulty maintaining sleep. The major change with age is a marked decrease in deep slow wave sleep, particularly in men, making sleep lighter and the person roused more easily. This ease of awakening is often exacerbated by other symptoms like restless legs or night cramps.

As a percentage of total sleep, REM sleep is usually maintained, with only a 2-3 per cent decrease from middle to old age. However, REM sleep is related to cognitive function and decreases markedly in patients with dementia.

Length of sleep

Most people sleep between seven and eight hours a night although it can range from five to 10 hours. Older people, as noted above, may sleep less, although their total sleep in 24 hours may not be much different from a younger person if they nap in the daytime. Interestingly, the length of sleep may affect coronary heart disease

Continued on page 24 ▶

Most people sleep between seven and eight hours a night although it can range from five to 10 hours

risk. A study found that those sleeping longer than nine hours or fewer than seven hours per night had an increased risk of coronary events compared with those sleeping eight hours.[1]

Why we sleep

Sleep is essential to maintain efficient functioning. Sleep deprivation results in changes in mood, alertness and performance, including driving ability (more accidents occur in patients with restricted sleep). Chronic lack of sleep also produces hormonal changes, such as those regulating appetite and hunger, impairment of immune function and increased cardiovascular risk. The latter has been observed in several studies.

The main functions of sleep include consolidation of memory (REM sleep increases after training to perform a specific task), and restoring and repairing brain and body tissues – growth hormone increases during sleep to aid these restorative processes.

Controlling sleep

The ascending reticular activating system in the brainstem keeps us awake. Pathways excite neurons in the thalamus, hypothalamus and basal forebrain and, from these, further neuronal pathways activate the cortex. The chief neurotransmitters involved in these pathways, and hence in maintaining a state of wakefulness, are:

- Glutamate in the reticular system and thalamocortical projection system.
- Norepinephrine in the locus coeruleus neurons projecting from the brainstem to the cortex.
- Acetylcholine in the basalocortical system.
- Dopamine in the ventral tegmental area.
- Histamine in the posterior hypothalamus.

There are also sleep-promoting centres in the brain, including the brainstem (raphe and solitary tract nuclei) and forebrain (anterior hypothalamus, preoptic area and basal forebrain). Neurotransmitters important in these pathways include serotonin and gamma-aminobutyric acid (GABA). In particular, GABA-synthesising neurons are located widely in the sleep-controlling centres of the brain where they inhibit the reticular activating system and the arousal system as well as facilitating sleep-promoting pathways.

Benzodiazepines act by binding to GABA receptors. The Z hypnotic drugs (zaleplon, zolpidem and zopiclone) are also agonists at the GABA receptor complex, enhancing GABA-mediated neuronal inhibition.

Nature's biological clock

A circadian rhythm controls the sleep-wake cycle, and is controlled by the suprachiasmatic nucleus of the hypothalamus. In man this biological clock has a rhythm of just over 24 hours (about 24.2 hours). There is a circadian variation in temperature (dropping during sleep) and in certain hormones like growth hormone (increasing during sleep).

The sleep-wake cycle is synchronised in response to light by the suprachiasmatic nucleus. Specific ganglion cells in the inner retinal layer project light information from the eye to the suprachiasmatic nucleus in the hypothalamus. From here, messages are transmitted via a neural pathway to the pineal gland which secretes melatonin – the chemical circadian pacemaker.

Melatonin secretion is suppressed by light but increased at night during sleep, and is a sensitive marker of light shift changes in circadian rhythm. The pattern of melatonin secretion is closely related to the rhythm of wanting to go to sleep, and melatonin has sleep-promoting properties when administered to patients. Melatonin levels may decline with age, particularly in those complaining of insomnia, and night-time production of the hormone is suppressed by beta-blockers.

Sleep problems commonly occur in those with jet lag, crossing time boundaries, and in shift-workers needing to sleep during the day. Shifting the circadian clock by using melatonin may help such patients. Melatonin can also assist in training patients who are blind and thus not in tune with a 24-hour circadian rhythm. In the UK melatonin is classified as a Prescription Only Medicine, but there are currently no licensed products.

Sleep disorders

The patient with insomnia is a frequent visitor to the pharmacy, either to request help rather than seeing a doctor, or to pick up a prescription, often a repeat. Elderly patients, particularly those in residential homes, are the most frequent recipients of prescriptions for hypnotic drugs. Over 10 per cent of the UK population have significant problems whereby sleep interferes with their quality of life, so it is an important area with which to be familiar.

In addition to insomnia there are a wide array of other sleep disorders including snoring, sleep apnoea, hypersomnias (including narcolepsy, restless legs syndrome, night cramps and other sleep-related movement disorders), and the so-called parasomnias (sleepwalking, nightmares, hallucinations).

Obstructive sleep apnoea is a relatively common problem, particularly in men and the obese. These patients present with (or more commonly their partners volunteer a history of) symptoms such as snoring, stopping breathing during the night, and gasping or choking. The most common treatment is continuous positive airway pressure (CPAP) therapy. An operation to the upper airway – uvulopalatopharyngoplasty (UPPP) – may be successful for snoring.

Pharmacy management

Patients presenting at the pharmacy with sleep problems can be a challenge, but by

Continued on page 26 ▶

One key deciding factor in management is to determine if lack of sleep is affecting the patient's daytime performance

A super-grande skinny-mocha choco-frappé lattechino?

But I just want to buy a coffee

Choice is about getting what you want, not what you're offered.

And the best way to make sure you get what you want is to talk to Vantage.

We've spent years offering pharmacists professional support, services and advice.

So if you value your independence and want to stay in control of your business – call the Vantage team on

02476 432000

AAH VANTAGE

AAH Pharmaceuticals Ltd, Sapphire
Walsgrave Triangle, Coventry

Hypnotics are one of the most common drugs on repeat prescriptions

determining the nature of the problem and the patient's expectations, it is possible to obtain most of the information you need to offer the right advice.

Determining the nature of the problem

A few key questions will enable you to understand the patient's sleeping problem. The four areas to explore (and this should take less than two minutes) are:

- Is the problem getting off to sleep or waking during the night?
- Is this a short-term insomnia related to a stressful event or a more chronic (several months) insomnia?
- Is the insomnia sufficient to impair daytime performance?
- What does the patient think is the cause, if any, of their insomnia?

These questions will enable assessment of the disturbed sleep and the possible cause. For example, the patient may volunteer a history of a recent stressful event that has led to anxiety and made it difficult to get to sleep, or depressive illness (and may be on antidepressants), causing early morning waking.

Physical causes of sleep disturbance like pain or breathlessness may be picked up from the prescribing history, as may any drugs contributing to the problem. Main causes of insomnia are listed in *Box 1*.

As with any symptom, trying to identify and rectify a cause is the first process. Occasionally you may find that a patient's lifestyle or job is the underlying problem, particularly if a shift-worker, and these patients can be difficult to counsel.

In many patients you will not find a specific cause - they are mentally well balanced with no other physical symptoms and taking no substances that might interfere with sleep.

Assessing patients' expectations

The second (and again relatively quick) assessment is to determine the patient's expectations. Are they requesting medication for a few days to re-establish a sleeping pattern or is the problem a long-standing one? Are they being realistic – we all have different sleeping requirements and it is not uncommon for an elderly patient, often napping in the day, to complain of 'insomnia' but in reality to have a perfectly reasonable sleep total in 24 hours.

One key deciding factor in management is to determine if the lack of sleep is affecting the patient's daytime performance. Many patients complaining of tiredness are not anaemic or hypothyroid but instead have insufficient quantity or quality of sleep. Managing patients presenting with insomnia will be the subject of the second article in this series.

Box 1: The main causes of insomnia

- Psychiatric causes including anxiety, stress, grief reaction, depression and dementia.
- Physical symptoms such as breathlessness, cough, pain.
- Smoking.
- Uncomfortable surroundings, including noise.
- Alcohol and alcohol withdrawal.
- Ingestion of tea or coffee.
- Prescribed drugs, for example, beta blockers, theophylline, SSRIs, steroids, levodopa.
- Stimulants, for example, amphetamines.

Prescribing

Hypnotics are one of the most common drugs on repeat prescriptions. In the UK the benzodiazepines still predominate, while in France the Z drugs are used more widely. The problem of benzodiazepine dependence is huge – one survey estimated that about 150-200 patients in every UK general practice were benzodiazepine-dependent.[2]

Pharmacists, in their role of monitoring repeat prescriptions, will find this area of prescribing difficult. There will be patients addicted to their medication yet still not sleeping, those using too many hypnotics, others with side effects and some on long-term sedatives who have not been reviewed. Trying to rationalise prescribing of hypnotics is a time-intensive task involving sensitive discussions with patient and doctor and this issue will be addressed in the second article.

References:
1. Ayas, NT, White, DP, Mansou, JE et al. A prospective study of sleep duration and coronary heart disease in women. Arch Intern Med 2003; 163: 205-209.
2. Ashton, CH. Benzodiazepine tranquillisers and hypnotics. Evidence submitted to the House of Commons. Health Committee 1999.

Dr Mike Mead, a full-time GP in Leicester, is an adviser to medical journals, author of medical books and lecturer in medical matters in the UK and overseas.

Actionplan

1. What happens if people are deprived of sleep? Find out more on the internet.
2. Find out more about EEG patterns during sleep.
3. Think about how patients define lack of sleep. Does it affect their day-to-day function? Are they "tired"? Is their insomnia age-related? What should you do?
4. Record in your practice workbook the next 50 people who ask for advice on sleeping problems. Note their age, sex and specific problem (not getting to sleep, waking early in the night etc). Can you derive any correlates?
5. Think about why the natural circadian rhythm is 24.2 hours but there are 24 hours in a day.
6. Review the use of melatonin. Why is it available in some countries but not licensed in the UK? Can you obtain it and, if so, how?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, CPD Research can self-test their progress by using the multiple choice question (MCQ) paper inserted in the February 4 issue, which will cover this week's CPP-accredited module, together with those in the previous four issues. These will cover. ● **Cough part 1 – symptoms (1357)** ● **Understanding sleep (1358)** ● **Treating sleep disorders (1359).**

A telephone marking service is available for personal verification of results – details on the monthly MCQ papers. People wanting further information about the scheme should contact Mary Prebble on 01732 377269.

CD in association with GP GENUS PHARMACEUTICALS

NUROFEN®

PLUS

£750k support campaign

No stronger painkiller available without prescription

PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and Administration:** Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of Bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus **The label will state:** Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. Side effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence Number:** PL 00327/0082 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P. **Price:** MRRP from £2.67

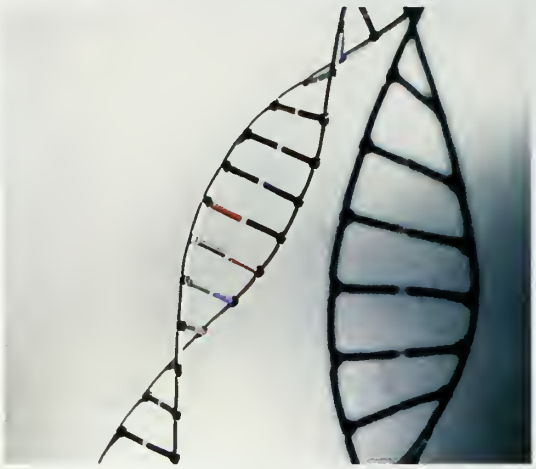
Concerns raised over HPV cancer tests

A new cervical cancer screening test has received a lukewarm response from experts.

Two papers published in the *BMJ* describe UK studies comparing DNA testing for human papillomavirus (HPV) with conventional or liquid-based cytology smear tests in women with mild cervical cell abnormalities. Both conclude that introducing HPV testing would reduce repeat smears by over 50 per cent, but substantially increase the number of women referred for colposcopy procedures.

However, despite pointing out the expense of HPV testing compared to repeat cytology for triaging women with borderline or mild cervical smear results, the authors say the former saves more lives. This is because women are referred earlier to colposcopy and are unlikely to be lost to follow-up, they explain, though they express concern at the increased pressure on colposcopy services.

In an accompanying editorial, two investigators based at the US National Cancer Institute caution against switching to HPV analysis as a cancer prevention strategy, pointing out that only one test has been clinically validated. Instead they call for



"robust, real-life evidence of reliability and accuracy", and add that tests will have to be used in targeted populations to ensure cost-effectiveness and maximise benefit.

For more information:

BMJ 2006; 332: 61-2, 79-83, 83-5

Thiazide side effects warning

Concerns have been raised about the frequency of hyponatraemia and hypokalaemia experienced by patients on thiazide diuretics.

A study of nearly 1,000 patients on a thiazide (most commonly bendroflumethazide) found that over a fifth had a sodium and/or potassium concentration below the normal range. Hyponatraemia was more common than hypokalaemia, particularly among the elderly. Low potassium levels appeared dose-related.

As well as highlighting the risk of morbidity and mortality, the researchers say only a small proportion of the original 2,942 patients had a record of their electrolytes. Only by using regular monitoring can the risk of hyponatraemia and hypokalaemia be cut by means of increased detection and treatment of abnormalities, they warn.

However, the British Heart Foundation says the study has "inherent weaknesses", cautioning: "As such, this evidence is not enough to change clinical practice, and more controlled trials are needed before any revisions are made to prescribing guidelines."

For more information:

Br J Clin Pharmacol 2006; 61 (1); 87-95

Sativex to help with advanced cancer pain?

GW Pharmaceuticals' cannabis-based medicine Sativex has shown promise in treating intractable pain.

The double-blind, randomised, placebo-controlled trial was conducted in Europe and involved 177 patients with advanced cancer who were experiencing opioid-resistant pain.

Study subjects using the active oral spray showed significantly more relief in pain scores than those on placebo, with 40 per cent reporting at least 30 per cent improvement.

GW Pharmaceuticals' plans to run a similar trial in the USA with a view to ultimately seeking regulatory approval.

Early signs of meningitis outlined

UK researchers have called for more awareness of the early signs of meningitis in children, both by parents and healthcare professionals.

In a paper published online by *The Lancet*, the team identifies leg pains, cold hands and feet and abnormal skin colour as early meningitis symptoms that could aid diagnosis and shorten the time to hospital admission. Spotting these signs – usually apparent at around eight hours – would improve the prognosis compared to reliance on recognition of the classic, but later, symptoms of haemorrhagic rash, meningism and impaired consciousness, they say.

Both clinicians and parents may be falsely reassured by the absence of features such as rash during the early stages of meningitis, warn the authors.

Encouraging recognition of early symptoms could reduce the proportion of cases missed at first consultation from half to a quarter, and hence reduce subsequent mortality, they argue.

For more information:

www.thelancet.com

Scriptlines

Konakion

Konakion Neonatal Ampoules (phytomenadione 1mg/0.5ml) will be discontinued on March 31.

As a replacement, the Medicines and Healthcare products Regulatory Agency has licensed Konakion MM Paediatric for intramuscular administration to healthy babies of 36 weeks gestation or older for prophylaxis of vitamin K deficiency bleeding.

Previously, this presentation was only licensed for oral use or as an injection for premature or 'at risk' babies.

The MHRA has advised healthcare staff to be aware of the difference in injection volumes between the two Konakion products. The recommended 1mg im dose equates to 0.1ml Konakion MM Paediatric, or approximately half the ampoule volume. In addition, the product may now be used to reverse the effects of anticoagulant therapy in babies and infants under specialist advice.

For more information:

www.mhra.gov.uk
Roche Drug Information
Tel: 0800 3281629

Kerraboot

Ark Therapeutics has launched an improved version of the Kerraboot lower limb woundcare system.

The main modification is the inclusion of a super-absorbent material that copes with high levels of exudates, reducing odour and allowing longer periods between dressing changes. Both small and large sizes are FP10-prescribable.

For more information:

See *Price List*
Ark Therapeutics Ltd
Tel: 020 7388 7722

Stugeron

Stugeron Forte (cinnarizine 75mg) will be discontinued from February 1, Janssen-Cilag has announced.

For more information:

Janssen-Cilag Ltd
Tel: 01494 567567

Morcap SR

Mayne Pharma has discontinued all strengths of Morcap SR capsules (morphine sulphate).

For more information:

Mayne Pharma Plc
Tel: 01926 820820

Haliborange makes a splash

Haliborange Omega-3 for Kids is appearing on television this month, the start of a £3 million support programme for the brand in 2006.

The burst of activity, running on terrestrial, digital and satellite channels until March, will see a revamped version of the familiar 'Fintastic' underwater creative featuring an orange fish. Support during 2005 boosted consumer interest, resulting in Haliborange becoming the fastest growing omega 3 brand, says manufacturer Seven Seas.

For more information:
Seven Seas
Tel: 01482 375234

Valupak packs a punch

Valupak High Strength Glucosamine Sulphate and Glucosamine & Chondroitin have been repackaged and relaunched.

Featuring modern images of adults exercising, the redesigned branding is the first step in the development of the Valupak JointCare range. New joint care management products will be added later this year.

For more information:
BR Pharmaceuticals
Tel: 0845 230 1499

Hair today, gone tomorrow

Braun is launching the Silk-epil X'Elle range of epilators this month.

There are three variants in the range: the Easy Start Solo, the Easy Start Body System and the Easy Start Body & Face. A 'heavyweight' marketing package is lined up, says Braun, which will include television advertising in the summer and a 'beauty tour' offering product demonstrations in two branded trucks beginning in July and running into August.

The company hopes the range will encourage existing epilator owners to trade up to a new model and encourage new users. A link up with The Tanning Shop is planned for the summer where consumers will be offered money-off X'Elle vouchers and the chance to enter a competition.

X'Elle epilators have 40 tweezers and remove 95 per cent of hair in a single stroke, claims Braun, with minimal discomfort. Key features include a spotlight to make it easier to see hairs, massaging rollers to minimise the pulling sensation of root hair removal and a clip to capture hair for quicker results.

Also included is an Easy Start set for new users comprising a starter head with fewer tweezers and a cooling glove to help prevent irritation.

Packaging has been designed to stand out on shelf and highlight the features of the three variants.

Prices: Solo £54.99; Body System £59.99; Body & Face £64.99

Braun, tel: 020 8560 1234

Cura-Heat's burning ambition

The two latest additions to the Cura-Heat range of pain relief products – Arthritis Pain for Knee and Arthritis Pain for Wrist – are set to benefit from £1.4 million of television advertising.

A 20-second ad explaining how the products work is running on ITV, Channel 4 and Channel 5 from the end of this month until late April. Further TV appearances are planned for the Cura-Heat brand throughout the year. For pharmacy, sampling and trade advertising will coincide with the TV activity. Point of sale materials including a poster and information leaflet are available. Each pack comprises four self-heating pads together with a reuseable wrap for application to the affected joint. One or two pads may be used at a time. Once activated, heat is delivered for up to eight hours.

Price: £4.99

Pip code: 316-8242 (knee); 316-8234 (wrist). Maverick Sales & Marketing
Tel: 01628 478555

There's only one Gillette

Gillette is going football crazy with an on-pack promotion offering World Cup related prizes. M3Power Nitro razors and M3Power blades packaging features the 'You & 3 Mates' promotion giving consumers the chance to win tickets to the 2006 FIFA World Cup Final in Germany. Further prizes include footballs, caps and polo shirts.

Running on-pack until March, the competition is backed by PR activities starting this month, with radio and print advertising in the pipeline. Gillette has a website, *www.gillette.com/fifaworldcup* with further promotional support and chances to win at *www.mygillette.com*

For more information:
Gillette
Tel: 020 85600 1234

Easy as A Bee C

Free sample sachets of Valupak Smart Omega 3 in Honey are now available from BR Pharmaceuticals. Each containing 5ml of Smart Honey, the sachets will encourage families to 'try before they buy' and demonstrate the product's claim of a pleasant flavour with no fish oil aftertaste, says the company. As well as providing omega 3, Smart Honey contains 50 per cent of the RDA of vitamins A, C, D and E.

BR Pharmaceuticals is offering a promotional package comprising six Smart Honey 150ml bottles (rrp £3.99), 15 sample sachets and counter display units for both for £14.26.

For more information:
BR Pharmaceuticals
Tel: 0845 230 1499

TV next week

Clearblue

Bassett's Soft & Chewy Omega 3 Vitamins: GMTV, Sat

Blistex: GMTV, Sat

Calprofen: All areas except GMTV

Clearblue: ITV

Haliborange Omega 3 for kids range: C4, GMTV, Sat

Hall's Children's Cough Pastilles: GMTV, Sat

Kalms: five, GMTV, Sat

Kool'n'Soothe Kids: All areas except C4, five

Kool'n'Soothe Migraine: All areas except C4, five

Lanacane: All areas

Multibionta : C4

Nicorette Quit Season campaign: All areas

Palmer's Cocoa Butter formula: C4, Sat

Sanex Excel: U, STV, C, A, HTV, M, LWT, CAR, C4, five

Settlers: five, GMTV

Seven Seas Cod liver Oil: All areas except C4

Seven Seas Joint Care: All areas except C4

Soothagel: five, GMTV

PharmaSite for next week: Ibuleve – Windows, **Ibuleve** – In-store, **Vicks First Defence** – Dispensary
Pharmacy channel: Buscopan, Beechams Flu Plus

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Rimmel pumps up the volume

Volume Extend Mascara has been launched by Rimmel. The double-ended product contains LashExtend white primer in one end to give improved lash adhesion, with Rimmel's Push-Up lash maximising and colouring topcoat in the other end.

Designed for easy use, the red and white bullet shaped pack clicks rather than twists open. The product gives lashes 15 times more volume and 50 per cent more length and curl, claims Rimmel. Black and brown variants are available.

Price: £6.99
Pip code: Black 319-0006; Brown 319-0014
Coty (UK) Ltd, tel: 020 8971 1300

Testing Testofen

Testofen is a new male supplement from Power Health. Containing fenugreek with a 50 per cent fenuside content, the supplement is meant to boost lean muscle mass and enhance libido, claims the manufacturer. Studies have found fenuside boosts male hormone levels and has a greater enhancing effect on libido than sildenafil citrate, says Power Health.

Price: £14.99
Pack size: 30 300mg capsules
Pip code: 320-8519
Power Health Products Ltd
Tel: 01759 302 734

Best Mates with Ceuta

Mates Condoms is aiming to improve its distribution and strengthen its market share by joining forces with Ceuta Healthcare.

Within pharmacy, the brand will be supported by Laser Healthcare, ensuring independent pharmacists have more regular contact with the brand. Mates also has the grocery sector in its sights with back-up from the Ceuta Grocery Team.

For more information:
Ceuta Healthcare
Tel: 01202 780558

SCA Hygiene announces £5m campaign

SCA Hygiene Products will be spending over £5 million in a new marketing campaign for Bodyform.

The campaign will help launch the New Generation Ultra towels as well as "a bold new attitude for Bodyform". Television advertising will break on January 23 and add to the outdoor advertising that started this week. The campaign "plays on the statistics of widespread female dissatisfaction with sanitary protection and seeks to shake women out of their apathy and to demand change", says the company.

In addition, 'Vote for change' placards are being distributed to over 2.5 million homes across the UK. SCA says new research has found that every month, more than one in five women are let down by their sanitary towels. However, eight out of 10 agree that New Generation Ultra towels offer greater security.

For more information:
SCA Hygiene Products
Tel: 01582677400

BIC boost with Pure Lady 3

BIC's latest triple blade razor for women aims to boost the company's presence in the growing female razor market.

Female disposables account for over 70 per cent of sales by volume in the female razors category (*IRI All Outlets 52 w/e November 26, 2005*), with triple blades growing as twin users trade up.

BIC Pure 3 Lady has a curved handle for a better grip and dual lubricating strips with aloe vera and vitamins for comfort.

Available in a four-pack in green with a leaf motif, the razor will be available in-store from March.

Price: £1.99
BIC UK
Tel: 01895 827100

Inbrief

Discontinuation

Benylin with codeine (300ml) has been discontinued due to range rationalisation, says manufacturer Pfizer.

Comingevents

FEBRUARY 2
Society of Cosmetic Scientists
Joint lecture with the British Society of Perfumers, Scentsory (r) Design.
Venue – King's Fund, 11-13 Cavendish Square, London W1G OAN,7pm.

FEBRUARY 6
East Kent Branch RPSGB
Meeting *'Infections & MRSA'*
Speaker – from Sterilox.
Venue – Courtstairs Hotel, Ramsgate.
Buffet from 7.30-8pm.

FEBRUARY 7
Slough Branch RPSGB
Meeting *'Nutritional supplements'*.
Speaker – Katherine Fennell, nutrition marketing executive, PharmaNord.
Venue – John Lister Postgraduate Centre (entrance 4) Wrexham Park Hospital, SL2 4HL.
8pm – buffet from 7.15pm.

RPSGB Corporate & Strategic Development Directorate
Symposium on whole spectrum of small scale manufacturing.
Details:
www.rpsgb.org/science
e-mail: science@rpsgb.org

Northern Scottish Branch RPSGB
Joint meeting with NHS Education Scotland.
Meeting – *'Provision of supervised methadone services In Highland.'*
Speaker – Dr Diana Black.
Venue – Golf View Hotel, Seabank Road, Nairn at 7.30pm.

FEBRUARY 8
West Metropolitan Branch RPSGB
Meeting – *'Pre-Reg matters: PCT'*.
Details from Gavin Miller
Tel: 07932 743864.

FEBRUARY 9
Weald of Kent Branch RPSGB
Meeting – *'Dermatology Update plus AGM'*.
Venue – Ramada Jarvis Hotel, Pembury.
Buffet from 7.30pm, speaker at 8.15pm.

FEBRUARY 14
Society of Cosmetic Scientists
RDG Wales & West Educational Event.
Career progression and how to survive in the cosmetics industry – what they do not teach you at management courses.
Speaker – David Munden (Smallburgh Laboratories).
Venue – Bristol Golf Club, Almondsbury, S Glos.
3-5pm with a free buffet after the event.

Oxfordshire Branch RPSGB
Meeting *'Cardiovascular focus'*.
Speaker – Dr Jeremy Dwight.
Venue – George Pickering Postgraduate Centre.
Level 3, John Radcliffe Hospital, Oxford.
Light refreshments from 7.30pm, meeting at 8pm.

FEBRUARY 15
South Cheshire Branch RPSGB
Meeting – *'Pharmacogenetics & AGM'*.
Speaker – Dr Simon Constable.
Venue – Fourways Inn, Delamere, Northwich.
AGM 7pm, then meal 7.30pm for 8pm talk.

FEBRUARY 19-24
Society of Cosmetic Scientists
Principles and practice in cosmetic science.
An interactive residential course.
Venue – Metro Palace Court Hotel, Bournemouth.

FEBRUARY 23
Lanarkshire Branch RPSGB
Meeting – *'Medical use of cannabis'*.
Speaker – Professor Tony Moffat.
Details: *info@rpsis.com*

FEBRUARY 25-26
Young Pharmacists Group
Twenty Twenty Vision.
Annual conference, Birmingham ICC.
www.ypg.info

APRIL 7-10
Cosmoprof Bologna, Italy
For information:
www.ctpa.org.uk/cosmo

Paper chase

With the Government's White Paper on health outside hospitals imminent, Georgina Craig of the Company Chemists' Association considers how it is likely to impact on pharmacy services

Despite the fact that primary care trusts (PCTs) now hold over 70 per cent of the NHS budget – and it is well recognised that the majority of care happens in the community – when it comes to attention from policy makers, primary care is often overlooked. But the Government's White Paper on primary and community care will go a long way in remedying that – and there are already clues as to what it might contain.

As a precursor to the paper, the Government commissioned one of the biggest ever public consultations. Over 10,000 people filled out an online survey and this culminated in a Citizens' Summit in Birmingham in October 2005. At the event there was strong public support for extended opening hours for GP surgeries, pharmacies and other community services, for more walk-in centres in convenient locations and for people being able to see a pharmacist or nurse in lieu of a doctor. Almost three quarters of people wanted to have access to a regular health check/MOT as part of their NHS care.

The feedback from this consultation should inform policy thinking, and it is reasonable to expect that the White Paper will say something about access to primary care – and perhaps encourage further innovation in terms of nurse and pharmacist-led services. If an MOT is on the table, then hopefully pharmacists and nurses will be able to conduct these as well.

The ideas outlined in the Government's previous Green Paper on adult social care that are to be taken forward will also feature prominently. These include the expansion of the use of individual care budgets to help those accessing social care services exercise choice.

We can also gather some clues from the recent publication *Health Reform in England: Update and Next Steps*. This paper, published five years into the 10-year strategy that began with the publication of *The NHS Plan* and *The Wanless Report*, summarises all the different strands of current health policy and explains how they fit together. It signals that the White Paper will outline a strategic vision for primary care and identify the key drivers for the delivery of future community services. It also says that it will describe how the various health policy reforms, which currently focus mainly on secondary care, will work in the context of primary and community care. These reforms are detailed in the table opposite.

There will be a big focus on public health within the paper as well. Ultimately, for the NHS to succeed in improving health, the public needs to fully engage and take ownership of its own health; and the NHS needs to focus more on prevention and helping people to help themselves. This has got to be an agenda where community pharmacy has a pivotal role to play – and one would hope that the White Paper would recognise this.

Finally, we can expect a high profile to be given to plurality of primary care provision, with the White Paper signalling greater involvement of the private and voluntary sector in primary care. By 2008, NHS patients will be offered a choice of any secondary care provider who offers their treatment at tariff price, in line with quality standards: will we see tariff prices for primary care services, and the promise of money following the patient through the extension of payment by results into primary care? If so, that might put a very different complexion on private sector investment – and may well spell the end of GP lists and capitation payments.

There are interesting times ahead – and not long to go. Let's hope that it's been worth the wait – and community pharmacy is to be a key player when the stage is set.

Figure 1

The impact of recent health reforms in England

Focus of reforms	What are they designed to do?	Specific policies
Demand side.	Create more choice and a stronger voice for patients.	● Give patients choice of providers who meet tariff price and quality by 2008. ● Better information for health to help patients make informed decisions. ● Practice based commissioning to stimulate innovative service development in primary care.
Supply side.	Encourage diverse range of providers who can help build capacity, innovate and improve services.	● NHS foundation trust status to encourage innovation in secondary care. ● Greater private and voluntary sector provision, eg through alternative providers of medical services contracts. ● Workforce development to create flexibility, eg non medical prescribing.
Systems management.	Create a framework of system management, regulation and decision making that ensures safety, quality, equity and value for money.	● Joined up governance that dovetails the work of the various bodies monitoring and regulating healthcare. ● Setting common standards and monitoring compliance across NHS and private sector. Licensing providers so that commissioners know they meet standards. ● Competition policy that recognises the value of challenge within the NHS, while protecting essential services. ● Setting prices: the NHS tariff.
Transactional.	Ensure money follows patient, so rewarding the most efficient, best providers and encouraging improvement.	● Payment by results to ensure money follows the patient. ● Access to information enabled through information technology.

Adapted from *Health reform in England: update and next steps*, Department of Health, 2005

Pharmacy predicts: we asked pharmacy organisations and businessses to give their predictions on what the White Paper will mean for pharmacy – here are their views:

Liz Stafford

Rowlands Pharmacy: national primary care liaison manager

The emphasis will continue to be on improving public health and reducing health inequalities, especially those who are 'hard to reach'. At the same time clinical outpatient services will shift into primary care and new local services such as diagnostic monitoring and mental health services will develop. There are still insufficient services and there is insufficient patient access.

People with long-term conditions will be managed differently in the community by care managers and community matrons. Pharmacists may often be the most frequent health professional contact for people needing medication for long-term conditions through repeat dispensing.

Responsibility for health is gradually being shifted into the hands of the public through the choice agenda and the idea of patient-held budgets. Maximising self-care and the continuity of care are key to patients and Government alike.

Reconfiguration of the NHS will result in new providers and new commissioners. As NHS and local authority boundaries align, health and social services will develop joint commissioning. Pharmacy needs to be part of local strategic partnerships and regional public health networks focusing on PSA (public service agreement) targets.

Practice-based commissioning is being rolled out now to GPs in localities and clusters. Pharmacists need to understand who is leading, what services are being planned and where the gaps might be. The pharmacy contract should be used as a catalyst to talk about integrated services and to suggest areas of interest to provide enhanced services with the aim of this being written into the local service and business plan.

MURs may at first seem quite a big step-change for some, but it is important to get on board and initiate closer links with GPs and patients, creating stepping stones for new enhanced services.

Pharmacists who want to work more closely with patients may be attracted into the community sector. All pharmacists need to engage in service redesign and planning groups at all levels to influence commissioning developments, so that as the new NHS market dawns, they are already part of the process.

Local authorities and public health departments need to be persuaded to release funding for community pharmacy services if health improvement is to become a reality in areas where it is greatly needed. Patients, communities and pharmacists could have much to gain from the new White Paper, but there will be no standing still.

Chris Sutton

Alliance Pharmacy: health policy advisor

The NHS in England has been going through major changes in the past few years, and it appears that the Government feels that there is still much more to be done. I expect that the White Paper will extend the two areas that have been key tenets of recent health policy – choice and access.

Having a choice of who or where to go for a particular service is seen by the DoH as the enabler of patient empowerment. It introduces an element of market forces into the system. Access does not only refer to when and where services are provided, but also how accessible services are to the hardest to reach groups in society, such as teenagers, people in deprived areas or those whose first language is not English.

Coupled with this, it seems likely that there will be a big push to get as many services as possible provided in primary care and not in hospitals. As well as outpatient clinics, this is likely to include having people cared for in the community who would currently be in hospital.

These changes will bring opportunities for pharmacists to provide new services, for example monitoring of long-term conditions. Pharmacies could provide regular check ups for patients and refer them to a GP with a special interest in that condition for reassessment if necessary. These services need to extend to all major conditions. It will be important for patients to be able to access a range of services at any given time and pharmacies will play a key role in this.

For pharmacists to be able to take advantage of these changes, they will need to be prepared to put the additional effort in to become appropriately trained and accredited. They will also need to take maximum advantage of the proposed changes to supervision and consider using accuracy-checking technicians. This will free up their time to spend with patients.

Pharmacists will also need to change their culture and become more used to dealing with appointments and explaining their services to customers. Most importantly, however, pharmacists will need to engage with practice based commissioning, as this is the likely route for establishing these services. If we do not get involved with commissioning now, we may spend the next few years in the wilderness while the cake is cut up between the GPs and nurses.

Robert Clayton

Royal Pharmaceutical Society: acting head of practice

We can expect the White Paper to further develop the themes that were outlined in *Choosing Health: making healthier choices easier.* At the crux of the paper will be a strategy to improve community health and primary care services.

I believe this strategy will be underpinned by key themes such as:

- Fitting services to peoples' lives, with fair access to services by all.
- Bringing together health, social services and local government agencies to ensure that the services provided are responsive to individual needs.
- Empowering patients to help themselves. Providing access to information about service delivery will be critical.
- Using new technologies. Creating a new IT network that can be accessed by the public and the professions.
- Engaging with individuals and communities to shape local services.
- The development of explicit signposting for the public and patients.

The impetus of the paper will be to develop the self-care and long-term conditions agendas of Government, and pharmacy has a pivotal role to play here.

Utilising their expertise, pharmacists should embrace the new and emerging opportunities. They are ideally placed to engage with the public and patients at all levels of healthcare and many are already providing innovative and valuable services. The community pharmacy contractual framework provides a platform on which to deliver services such as medicines use reviews for patients with long-term conditions.

In 1996 the Society published its *Vision for the Future: Pharmacy In The New Age*. These aspirations have borne fruit and the pharmacy profession has all the building blocks now in place to make best use of their skills for the benefit of patients.

Jane Lumb

Numark: professional services co-ordinator

The promised White Paper will dramatically change the focus on healthcare delivery across the NHS, with most noticeable changes being seen in the design, delivery and sourcing of primary care. Indeed, health secretary Patricia Hewitt, in a speech to the New Health Network on November 7, underlined the Government's commitment to creating a patient-led NHS.

There are several key areas we feel will be addressed by the White Paper. Access to services is key and the NHS is noticeable as one major area that has not changed with the times. We are all used to accessing services 24/7. Think of changes in retail as an example, with the proliferation of Sunday and late night trading and the development of internet shopping. Who would have thought that you could order an M&S jumper at midnight on a Sunday – yet this is what we now demand. Consumers and patients are ever more demanding of services that meet their needs and are often frustrated that most primary care services such as GPs operate increasingly on a Monday to Friday nine to five basis.

Access is an area that pharmacy is easily differentiated from other primary healthcare providers – patients don't need to book to see their pharmacist. They are open longer hours and at weekends and the location of pharmacies gives equal access to the majority of the population. Pharmacies can also play a key role in addressing health inequalities by reaching patients who currently slip through traditional primary care.

The drive to more community based services will definitely offer pharmacists increased opportunities to deliver new services and source new income streams. Pharmacists will be able to provide greater access to diagnostic services and health promotion plus help people to manage their own conditions with less reliance on hospitals.

The push of practice based commissioning (PBC) will continue and we believe the effect of the White Paper will make PBC a given for all GPs and PCTs in the drive to increase accountability and responsibility. The push on PBC is where pharmacy has the greatest opportunity – it is not unrealistic for pharmacists to commission services for the PCT locally as well as designing and delivering services.

The Government has already stated on several occasions "more diverse providers will have freedom to innovate and improve services". Pharmacy has a unique position in primary care, which must be capitalised on if pharmacists are to be involved in shaping primary care service delivery in the future.

The White Paper ... will set out in one place the many strands of reform that are already in train and that will eventually change primary care beyond all recognition

Stephen Fishwick

NPA: NHS service development central support

The publication of the White Paper will be a defining moment. Not necessarily because it will introduce a raft of new measures (including dual patient registration with GPs, incentives to extend GP opening hours, and budgets for patients to directly purchase a limited range of NHS services), rather that it will set out in one place the many strands of reform that are already in train and that will eventually change primary care beyond all recognition.

Its overall aim is to make primary care fit for purpose to deliver on the broad priorities of improving public health, managing long-term medical conditions, increasing access and choice and improving the patient experience. Hopefully, this will fundamentally shift NHS activity from acute care into the community – a direction of travel that community pharmacists naturally welcome.

The sector has a key role in addressing all the likely White Paper themes, namely:

- How to achieve 'wellness' closer to home.
- How to reduce health inequalities.
- How to maximise self-care – helping people to help themselves.
- How to better align health and social care activities.
- How to build up capacity and competition in primary care (while maintaining continuity of care).

Indeed, without exception, the regional public consultation events feeding into the White Paper asked for an expanded role for community pharmacy. The first, in Gateshead, called for "walk-in healthcare services" in community pharmacies. The NPA wrote to the secretary of state for health pointing out that community pharmacies already provide a range of services, and that, given a level commissioning playing field, the scale and scope of this provision should increase dramatically over the coming years.

Ministers want, above all else, primary healthcare to be available "around the clock and around the corner". Community pharmacists are ideally placed to contribute to this access agenda.

With 2006 set to see the rollout of the DoH's electronic prescription service, **Steve Marriott** provides a route guide for pharmacists on the information superhighway

As easy as ETP

Since its inception there has been considerable doubt, concern and confusion surrounding the development and deployment of the electronic transmission of prescriptions (ETP).

However, ETP is becoming a real issue, and is alarmingly imminent. It's time to cut through the doubt and examine exactly how community pharmacists should prepare for it.

What is ETP?

ETP is part of the National Programme for IT (NPfIT), a vast NHS-wide programme of IT modernisation that will facilitate and support the NHS vision for the future.

The underlying concept behind ETP is to ultimately remove the existing paper prescription system and use technology to transfer the information from prescriber to pharmacy and then on to the PPA in an electronic format. This creates opportunities to increase efficiencies, reduce the risk of prescription fraud and improve patient safety by means of more accurate dispensing.

What is the spine?

At the heart of ETP is the 'spine', which stores a secure patient record for each English NHS patient, including:

- Personal characteristics such as demographic information.
- Summarised clinical information which may be important to a patient's future treatment, such as adverse drug reactions and allergies.
- Pointers to where complete local records are held.

The spine is best thought of as a huge messaging system that directs requests for information from authorised NHS personnel and then delivers pertinent information about the patient at the point of care.

The smartcards and PIN numbers that are required for access to the spine will be issued to community pharmacists by their PCT.

What is N3?

N3 is the new NHS network that connects all authorised computers. It enables services such as ETP by providing the data transport mechanism for access to the spine. N3 is a secure broadband internet connection with an optional ISDN backup telephone line. You will most likely obtain your N3 connection from your PMR system supplier.

How is ETP being deployed?

Connecting for Health (CfH) is the Government agency that is responsible for implementing ETP. It has decided to deploy this gradually and in two stages:

- ETP Release 1 provides what is described as 'core' ETP functionality. Prescribers submit prescription details to the spine and

pharmacies can then request and retrieve the prescription details to dispense directly from the electronic prescription details. Although information regarding dispensed items is sent electronically to the PPA, at this stage the paper prescriptions will still be used for remuneration calculations.

As ETP Release 1 will run alongside the current paper-based system, prescriptions can either be dispensed using the electronic record or the usual manual process. This means that an ETP-ready pharmacy will not gain any advantage over other pharmacies that are slower to implement ETP.

- ETP Release 2 brings additional ETP functionality, including the ability for patients to nominate a pharmacy of choice to dispense their prescriptions by default and the use of electronic information for calculating remuneration. It is generally expected that ETP Release 2 will be 'switched on' in a manner that doesn't give any pharmacy or organisation an unfair advantage.

How does ETP Release 1 work?

The ETP process mirrors the current paper-based system in that:

1. The prescriber uses their ETP-compliant clinical system to print an FP10 prescription form. This will include a barcode that is a unique identification number for that particular prescription.
2. The patient presents the prescription form at the pharmacy, where a barcode scanner is used to read the barcode. The ETP-compliant PMR system then requests the prescription details from the spine.
3. After a short delay (quoted by CfH as typically being seven seconds), the prescription details will be sent to the PMR system by the spine.
4. The dispensary staff then check and confirm the patient, prescriber and item information within the electronic prescription and use it to populate the patient's local PMR record.
5. The PMR system sends a message to the spine confirming that the items have been dispensed.
6. The paper prescription is then retained by the pharmacy for submission to the PPA in the usual way.

It is important to note that whether or not a pharmacy is ETP ready, prescriptions with barcodes can continue to be dispensed in the traditional way by manually entering the prescription details into the PMR system. This maintains equality across all pharmacies while ETP Release 1 is deployed to all pharmacies.

Funding for ETP

For the first time, community pharmacies are receiving funding for their IT requirements. Two allowances, each of £1,300, are being paid to all community pharmacies in December 2005 and February 2006. A further allowance of £1,000 will be paid at some point in 2006-07. These allowances are being paid unconditionally to all pharmacies, although primary care trusts will be able to reclaim the money if a pharmacy is not ETP compliant by a certain date (this date has not yet been determined, but three months notice will be given when this happens).

Pharmacies can also claim a £200 monthly allowance to cover their N3 connectivity costs once they are able to process electronic prescriptions.

When will you be ready for ETP?

There are three main components to becoming ETP ready:

1. You must be using an ETP-compliant PMR program. The current compliance status of all PMR systems can be found on the Connecting for Health website (*www.connectingforhealth.nhs.uk*). You may also need to invest in additional computer equipment (see *'Equipment for*

Continued on page 38 ▶

ETP below) to run the ETP compliant version of its PMR system.
2. You must have an operational N3 connection. It is expected that all of the major PMR system suppliers will offer N3 connection services to their customers, giving the advantage of a 'one-stop-shop' approach for support and maintenance.
3. You will require smartcards and PIN numbers, which will be supplied by your PCT.

Equipment for ETP

All pharmacies will need a barcode scanner for each PMR workstation to be able to scan the barcodes on prescription forms. A smartcard reader will also be needed to authorise access to the spine. Your system supplier should be able to offer you a choice of a separate smartcard reader or a reader integrated into the keyboard.

Many pharmacies will also need to invest in new computer equipment, in terms of both specification and the number of PMR workstations. The combination of processor time being taken to handle ETP messages and the potential effects ETP might have on the dispensing workflow will put stand-alone systems under more pressure; a two workstation networked system is generally regarded as being the recommended ETP specification for all pharmacies except those with a very low prescription turnover.

The key consideration when selecting a computer for ETP is resilience – minimising the risk of downtime and data loss as a result of system failures. This is vitally important because when a pharmacy dispenses ETP prescriptions it will become totally dependent on its PMR system. Put bluntly, no computer means no dispensing. There are several ways of building resilience into a system, each with its own strengths:

- RAID: a computer that has a RAID1 controller with mirrored hard disks is particularly appropriate. With this configuration the computer has two hard disks, and all data is written to both of them simultaneously. In the event of a hard disk failure the second hard disk automatically takes over without any downtime or data loss.
- Live state recovery: a computer with live state recovery is backed up periodically, generally every hour or so. This happens automatically in the background and does not affect the user in any way. As everything is backed up including the operating system, PMR software and data, systems can be rebuilt extremely quickly (typically about one hour) with minimal data loss.
- Uninterruptible power supply (UPS): A UPS is an extremely sensible addition to each workstation. It allows the computer to continue working for a short while and be closed down gracefully in the event of a power cut, eliminating the data corruption that is inevitable when a computer suddenly loses power. A UPS also stabilises the electricity supply, which improves reliability and further reduces the potential for data corruption.

These resilience-building technologies are good value, and a small price to pay for business continuity. Although relatively low cost, computers with these configurations require specialist knowledge. It is strongly recommended that pharmacies should source these business grade computers from specialist PMR suppliers that are able to provide the high quality support that will be essential for the business-critical ETP environment.

What will ETP look like?

You should not expect the ETP version of your PMR system to be dramatically different to use from the system you use today. In fact, when you first see the ETP-compliant version of your PMR system your initial thought is likely to be: "Is that it?"

Although some additional training may be required, you certainly won't need to learn how to use a completely new system. While the exact details will vary between PMR systems, the typical ETP Release 1 workflow will be straightforward:

1. Assuming your smartcard is in your reader and you have entered your PIN, you will scan the barcode on the prescription to request the details from the spine.
2. After a short delay the spine will send the prescription details to your PMR system where they will be stored in a 'pending' area.
3. When you are ready to dispense the prescription you will scan the barcode on the prescription form again to bring the prescription details from the pending area into the dispensing screen.
4. The electronic prescription details include detailed information about the prescriber and patient, including NHS numbers. The first time you dispense an electronic prescription for a particular patient you will match the patient in the electronic prescription details to the corresponding patient that might already exist within your PMR system. This will update the details within your system, so when you subsequently dispense to this patient it will be selected automatically – you will just need to confirm that it is the correct patient. A similar process happens with prescribers.

There is a new coding system for the items you dispense called the *Dictionary of Medicines and Devices (DM&D)*. This has been universally adopted and implemented in all GP, pharmacy and hospital IT systems. This allows items to be accurately matched across systems. The electronic prescription details include *DM&D* codes for the items prescribed, so your PMR system will be able to automatically select the vast majority of items.

ETP does not affect the remainder of the dispensing process. All of the existing functionality within your PMR system such as interaction checks, endorsing and stock control will remain unchanged.

ETP Release 2

ETP Release 2 adds several areas of additional functionality to the electronic prescription service, including:

- Nomination: patients will be encouraged to nominate the pharmacy they want to dispense their prescriptions by default. They will be able to do this at the GP practice, the pharmacy or using a secure website. Prescriptions will be 'pushed' directly to the nominated pharmacy by the spine without the pharmacy having to request them first, allowing items to be prepared in advance.
- Digital signatures: using digital signatures electronically embedded within the electronic prescription details will mean that prescribers will no longer need to hand sign prescription forms. This paves the way for a paperless prescription process in the future.
- Electronic remuneration: the messages that your PMR system sends to the spine to give notification of items dispensed will be used to calculate remuneration, and eventually you will no longer need to send paper prescription forms to the PPA.

Steve Marriott is marketing manager of the Cegedim Group, which includes Cegedim Rx and Enigma Health (www.cegedimrx.co.uk and www.enigmahealth.com tel: 0870 8411233)

Scotland and Wales

The National Programme for IT only affects English pharmacies. Scotland has its own e-pharmacy project, which includes the electronic transmission of prescriptions. It is generally expected that Wales will adopt the English system, possibly with some minor changes.

Timescale

The Connecting for Health website states that "the (ETP) service will be introduced gradually, the first phase of implementation started in February 2005 and the service will be fully operational across England by the end of 2007".

What should you be doing?

We can expect the deployment of ETP to quickly gather pace during the first half of 2006. The best advice is to make sure you know exactly what ETP is, how it will be implemented within your pharmacy and how it will affect your dispensing process.

- Talk to your system supplier to see if you need to upgrade your PMR computer equipment and decide if you will need an additional workstation.
- Talk to your PCT to find out how they plan to issue smartcards and PIN numbers.
- Keep up to date. Read the pharmacy trade press and regularly visit the Connecting for Health and PSNC websites. These are regularly updated.
- Above all else, you should embrace ETP and see the potential that it has to improve the efficiency of your dispensing process and let you provide your patients with a safer dispensing service.

NEW ONE-A-DAY TABLETS

VITABIOTICS
WHERE NATURE MEETS SCIENCE

It's time to support your immune system.

- Advanced one-a-day formula based on extensive worldwide research (data on file). To help maintain a healthy immune system and support long-term cell protection.
- Proven effectiveness in a landmark published double blind clinical study conducted by the world renowned London School of Hygiene and Tropical Medicine[1].
- Powerful synergistic formula includes **Vitamins C and E, Selenium, Zinc, Natural Carotenoids, Bioflavonoids** plus vital vitamins and minerals.
- Ideal for those who want to maintain resistance to infection, who already have a cold and wish to boost their Vitamin C and nutrient intake, individuals with a weak immune system, and those who want to provide their body with maximum nutritional support.

MAJOR NEW ADVERTISING CAMPAIGN STARTS JANUARY

Available from your wholesaler

SELENIUM+ immunace® ONE-A-DAY TABLETS*

For more information:
Call free on 0800 980 9060, email info@vitabiotics.com, write to: Vitabiotics Ltd, 1 Apsley Way, London NW2 7HF or visit www.immunace.com

[1]Jiamton S et al. A randomized trial of the impact of multiple micronutrient supplementaton on mortality among HIV-infected individuals living in Bangkok. *AIDS* 2003, 17: 2461-2469 *Patent Pend.

Pharmacy Update 2006

For pharmacists and pharmacy technicians

IT'S BACK – PHARMACY UPDATE, THE CONTINUING EDUCATION SERIES THAT GIVES YOU THE CHANCE TO LEARN AND TEST YOUR CLINICAL KNOWLEDGE.

Over 800 pharmacists and technicians used Update in 2005 to help them meet their continuing professional development requirements.

Register before **31 January 2006** using the coupon or phone number below and save £5 on the annual registration fee of £30.

Register before **31 January 2006** to take part in Update Knockout to win prizes of up to £2,000.

GENUS PHARMACEUTICALS

Pharmacy Update and **Update Knockout** is supported by Genus Pharmaceuticals.

TAKING PART...

- Gives you over 30 hrs of CPP-accredited learning, which can be included in your RPSGB 'Plan & Record' CPD portfolio for 2006.
- Provides you with an easy to use self-test question paper and a simple telephone marking service for registering your answers and checking your results.
- AND you can win up to £2,000 for registering and taking part in Update Knockout.
- Miss a module or question paper? Go to *www.dotpharmacy.com*
- N Ireland pharmacists' registration fee covered by NICPPET.

UPDATE KNOCKOUT – HOW DOES IT WORK?

1. Complete the Update question papers each month.
2. Get one question wrong and you are knocked out.
3. Keep a clean sheet up to the elimination stage in October and you will be registered free of charge for Update 2007.
4. Get top marks in the elimination exam papers in 2006 and you could win either a first prize of **£2,000** or second prize of **£1,000**.

WHAT NEXT?

- Post the coupon below to Mary Prebble, Pharmacy Projects, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.
- Pick up the phone to pay by credit or debit card. Call Mary Prebble on 01732 377269

Return this completed coupon with your cheque (payable to CMP Information) or credit card details to Mary Prebble, Pharmacy Projects, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

❑ Please register me for Pharmacy Update in 2006. I am taking advantage of the New Year deal to register before January 31, 2006.

❑ I enclose a cheque payable to CMP Information for £25, or

❑ Please charge my credit/debit card for £25.

Card type_____

No._____

Expiry date_____ Issue no. (debit cards) _____

❑ Tick this box if you are registering for Pharmacy Update before January 31, 2006, but DO NOT want to be automatically entered for Update Knockout 2006

❑ I am a pharmacist registered and practising in Northern Ireland and wish to register under the NICPPET scheme (do not send payment). My PSNI registration number is:

_____

Name_____

Address_____

_____

_____

_____

_____

Postcode_____ Date_____

email_____

CMP Information Ltd may from time to time send updates about C&D and other relevant CMP Information products and services. Your email will not be passed to 3rd parties. By providing your email address you consent to being contacted by email for direct marketing purposes by CMP Information Ltd.

Daytime phone number_____

(No payment will be accepted without a phone number)

Signature_____

Classifiedads

0207 921 8124

All major credit cards accepted

Contact Amy Turner. Chemist & Druggist (Classified), CMP Information Ltd, Ludgate House, 245 Blackfriars Road, London SE1 9UY. **Telephone:** 0207 921 8124, **Fax:** 0207 921 8130.
Internet: *www.dotpharmacy.co.uk*, **E-mail:** *c&dsales@cmpinformation.com*
Appointments £27.00 per single column centimetre.
General classified £18.00 per single column centimetre.
Booking and copy date 12 noon Monday prior to Saturday publication subject to availability.

Appointments

Alliance Pharmacy

Pharmacy Technicians
Dispensing Assistants
Area Dispensers

Surrey • Hampshire • Somerset • East Sussex • Cornwall • Isle of Wight and the South West

We are currently seeking exceptional individuals to work as Dispensers and Area Dispensers for some of our busiest branches in the South of England.

Dispensers are an essential part of our services to our customers and provide support to our pharmacists. Our Area Dispensers are vital in ensuring branches across the region get to grips with new services and promote initiatives and support branches in need of extra support.

If you are an experienced NVQ 3 Qualified Dispenser or someone who is looking for that next step up, then Alliance Pharmacy can provide you with excellent career opportunities and development.

Alliance Pharmacy offer a competitive salary and excellent benefits scheme for the right individuals.

Please send your CV and a covering letter to Nicola Bland, Regional Resourcing Specialist, Alliance Pharmacy, Regional Office, 7a Harpton Parade, Yateley, Hampshire GU46 7SB or Fax: 01252 874962 or Nicola.bland@alliancepharamacy.co.uk

For information about vacancies in Scotland and the North Region please contact Darren Graham on 01506 446077 or Darren.graham@alliancepharmacy.co.uk and for vacancies in the Midlands please contact Debbie Roberts on 01954 233464 or Debbie.Roberts@alliancepharmacy.co.uk

Visit us at www.alliance-unichem.com/careers

Alliance Pharmacy is a growing pharmacy company and Alliance UniChem's UK Retail Business Unit with over 900 branches nationwide. The Alliance UniChem Group is a healthcare distribution group focused on one major commitment, to help improve the quality of health in all the communities we serve. Our core businesses are pharmaceutical wholesaling and retail pharmacy. With more than 30,000 employees delivering services in 12 countries, Alliance UniChem is a pan-European and international leader.

Bringing healthcare closer

Alliance UniChem

DISTRIBUTORS WANTED FOR UK AND NORTHERN IRELAND

OUR CLIENT IS A SPANISH COMPANY WITH HEAD OFFICE IN BARCELONA. THE PRODUCTS, MOST OF WHICH ARE OF EC ORIGIN, ARE DESIGNED AND DEVELOPED BY THEM UNDER RIGOROUS UNIT BY UNIT QUALITY CONTROL.
A TOP RANGE OF OVER 500 QUALITY PRODUCTS AT PRICES WHICH ALLOW FOR GENEROUS MARGINS BUT STILL REMAIN AFFORDABLE AND COMPETITIVE:-
BEAUTY, COSMETIC & HAIRCARE ACCESSORIES
MANICURE & PEDICURE IMPLEMENTS
BATH & SHAVING REQUISITES
FIRST AID & FOOTCARE PRODUCTS
POINT OF SALE FLOOR MERCHANDISERS AS WELL DISPLAY UNITS TO FIT EXISTING INSTALLATIONS ARE PROVIDED FREE OF CHARGE COMMENSURATE WITH ORDER.
OWN LABEL PACKAGING CATERED FOR SUBJECT TO MINIMUM QUANTITIES.
FOR FULL INFORMATION AND A COLOUR BROCHURE CONTACT US IN GIBRALTAR BY FAX OR E-MAIL ATTACHING COMPANY PROFILE.

FAX No +350 41544 E-MAIL Luigi@gibtelecom.net

Dispenser Required

Qualified or near qualified dispenser required for friendly community pharmacy.

Salary and working hours negotiable.

Benjamin Pharmacy, Chingford, London E4

Please contact Mr Benjamin on 020 8529 0696

PHARMACY DISPENSERS/ TECHNICIANS REQUIRED.

We are a busy health centre pharmacy and are looking for a full time Technician to join our team.
Five day week and training will be provided where needed.

Please contact with a C.V. Beran N Patel, Brigstock Pharmacy, 141 Brigstock Road, Thornton Heath, Surrey, CR7 7JN.

PHARMACY (FULHAM)

Requires
Experienced Dispenser / Chemist Counter Assistant & Shop Manager Full Time
Applicants must be self motivated, enthusiastic, friendly customer focused and willing to learn.
Applicant must be capable of working in busy, but friendly environment.
No Qualifications necessary, but proven experience a must.
Excellent salary and package provided.
Please Phone 0207 385 0355

Appointments

South London and Maudsley NHS
NHS Trust

ASSISTANT TECHNICAL OFFICER

Band 2 £15,179 - £18,039 pa inc (Ref. CRO6271)

Based at the Maudsley Hospital

We require enthusiastic assistants to join our team at SLaM Pharmacy in South East London. Good organisational skills and attention to detail are essential.

Previous experience in a Pharmacy would be an advantage, but is not essential, as full training will be given.

For further information please contact Michelle Mehta on 020 7740 5034 or Richard Oteng on 020 7919 2336.

For an application pack please either write to Human Resources, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX or telephone our 24 hour answering machine on 020 8777 0370 quoting reference number CRO6271 or visit our website www.slam.nhs.uk to apply and view other vacancies.

Closing date: 29 January 2006.

The successful candidate will be asked to apply for an enhanced disclosure and further information about the Disclosure scheme can be found at www.disclosure.gov.uk

The Trust is committed to employing a workforce which reflects the diversity and meets the needs of the local population.

We provide Mental Health services in adult, rehabilitation and forensic, MHOA, CAMHS, learning disabilities and addictions services, covering the London boroughs of Southwark, Lambeth, Lewisham, Croydon, Bexley, Bromley and Greenwich along with national specialist services.

Pharmacies for sale

THINKING ABOUT SELLING YOUR PHARMACY?

If you want to know:

- What your pharmacy is worth
- What is happening in the market to affect pharmacy valuations
- How much tax you will have to pay
- How you can reduce the tax payable
- How long it is likely to take to sell the business

Call Anne Hutchings on: 01494 722224 for a FREE consultation. Our discussion will be totally confidential and you will not have any obligation to use our services.

If you are ready to SELL we have genuine purchasers throughout the UK willing to pay top prices for Pharmacies. Our priority is to obtain the best price whilst maintaining your confidentiality.

Hutchings Consultants Ltd.
01494 722224

email: info@hutchingsandco.com

www.pharmacyexperts.com

Courses

Buttercups Training Ltd

BUTTERCUPS
ACCREDITED TRAINING PROVIDER

Membership of The Buttercups Academy now available!

Modular CPD for Medicine Counter Assistants and Pharmacy Technicians

For a fast and friendly response, our team is waiting to help!
e-mail: training@buttercups.co.uk
web: www.buttercups.co.uk
or tel: 0115 9374936

BUTTERCUPS TRAINING LTD.
FAIRWAY, BACK LANE,
NORMANTON ON THE WOLDS
NOTTINGHAM
NG12 5NP

INVESTOR IN PEOPLE

City & Guilds
Approved Centre

Businesses Wanted

Buying a pharmacy?

Ease the cash flow pains of starting up.

FastFlow for Pharmacy enables you to receive immediate payment for your NHS dispensing.

Contact Andy on Freephone:
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com

1723

pharmacy partners
the power to prosper

MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.
All turnovers/ size of group considered.
High Premium Paid. All information will be treated with the strictest confidence.
Please contact Mohamed on 07958 458754 or Talha Patel on 07841 328394

Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

Businesses Wanted

COHENS CHEMIST GROUP

Pharmacy chain looking to expand in the North-West & West Yorkshire areas.
Best prices paid, all turnovers/size of groups considered.
please contact Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

Viva Pharmaceuticals

We are currently looking to expand our pharmacy chain in the Midlands.
All information treated in the strictest confidence with best prices paid.
Consideration given to all turnovers/size of group with immediate decision.
Please contact Steve on 07716303635 or 07973114192.

Company news

FORTUNA HEALTHCARE

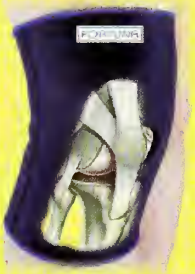
Trauma Management Training Now Available

Trauma management training and technical knowledge relating to the correct use of orthopaedic supports is now available from Fortuna Healthcare.

The Fortuna sales force attended an intensive training seminar given by a qualified sports physiotherapist with the aim of passing on this knowledge to their pharmacy customers. This training forms part of Fortuna's campaign of raising awareness of the importance of choosing the correct support for the treatment of first degree and recovering soft tissue injuries.

This initiative comes due to the broadening of Fortuna's extensive support range, including the new *Neoprene One - Size supports* which have just been introduced to the UK market.

Fortuna sales representatives are currently training pharmacy staff across the UK. If you are interested in receiving training for your own staff, please contact the Sales & Marketing Department on 020 8805 7805.



Products & Services

STUD 100® and The Big Squeeze

Pharmacists,

Is your business being squeezed from all sides? - by local competitors - by the chains - by superstores - by rising costs?

STUD 100® Desensitizing Spray for Men will boost your sales and your profits by offering you:

- High Profit Margins – *isn't that why you are in business*
- Frequent, repeat sales – *take advantage of the exciting market for Sexual Health products*
- Low retail price – *at £5.50 each*
- No medical prescription – *it is an OTC 'P' product*
- Consumer leaflets, leaflet dispensers and display materials – *all free of charge*

These are just some of the reasons you should send us your order TODAY!

- phone 020 7935 3735 or
fax 020 7224 3734 or
e-mail pound@dial.pipex.com

Tell us if you sell by mail order on the web and your pharmacy's name and address will be added to our list of mail order stockists on our website www.stud100.co.uk

Always read the label/leaflet

813

Products & Services

DO NOT MISS THIS OPPORTUNITY TO PROFIT BY £1000.00

(offer ends 28 February 2006)

♦ **New members** joining CAMRx in January/February will qualify for **£1000.00 free generic stock** at DTF value

Plus

Obtain up to **11.5% discount** on your **eligible medical purchase**

♦

Have benefit of **fully subsidised** computer hardware, monthly software, installation and training package **worth £4,400.00**

♦

♦ Gain benefit **of share of profits** without having to invest **your own money** in a **share purchase scheme**

For further details contact Phillipa Capon, in Customer Care on 01530 510520 quoting reference **CDJAN**

CAMRx
Pharmacy Development Group

Head Lice?

No more itchy heads with

DELACET

100% natural ingredients. Produced to GMP standards.
No detection combing required. Suitable in pregnancy.
Named the Best Head Lice Product by Prima magazine.

AVAILABLE ON NHS SINCE 2001

Stockists: **AAH – DEL400J, PIP 268-0205 Hart Santo, Numark/Phoenix, Sangers, UniChem – Prosper code 158980**

Leaflets from Healthpol tel 020 8360 0386 www.delacet.co.uk

CONNECTED?

If not, Call: 01254 833 338 Positive Solutions Ltd, Solutions House, School Lane, Brinscall PR6 8QP www.positive-solutions.co.uk

POSITIVE SOLUTIONS LIMITED

Products & Services

Tax Consultants & Accountants

DON'T CHANGE YOUR ACCOUNTANT UNLESS YOU WANT....

A PROACTIVE FIRM WHO WILL:-

- Prepare your accounts and tax returns on a timely basis
- reduce your tax bills
- Help you to increase your profits
- Always agree fees in writing with you in advance

Call Anne NOW on 01494 722224
Email: anne@hutchingsandco .com

h & Co.
Hutchings & Co.

Leading Tax Consultants and Accountants for Pharmacists.

www.pharmacyexperts.com

Shopfitting

Planning a re-fit? Adding a new consulting room?
Why go into debt with all the pressures of repayments and security?
Use the alternative source of funding that's designed for growing pharmacy businesses.

Contact Andy on Freephone:
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com

pharmacy partners
the power to prosper

1722

Our deadlines have changed.

The deadline for booking and copy is now **Monday at 12 noon** (subject to availability)

To place your booking call **Amy** now on **020 7921 8124**

Tax Consultants & Accountants

ARE YOU A LOCUM PHARMACIST?

WE CAN HELP YOU WITH:

- Locum accounts
- Claiming all relevant expenses
- Advice on car purchase scheme
- Mortgage references
- Personal tax return
- Advice on how to reduce tax i.e. trading through a company
- Purchase consideration of a pharmacy
- A lot more proactive advice

"It is great to have someone at last who understands the locum business, importance of reducing tax and providing value for money services."
N HABIB, N H (LOCUMS) LTD, LONDON

For more information or for a FREE consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200
MANCHESTER: Jay 0161 980 0770
www.modiplus.co.uk
Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES AND LOCUM PHARMACISTS

CHARTERED ACCOUNTANTS IN ENGLAND & WALES

modiplus ADDING VALUE

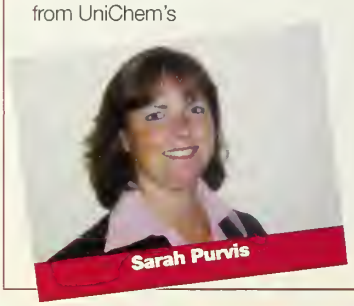
Back ISSUES

Dispensary assistant Angela Taberner has retired after 15 years at the United Co-op Health Care pharmacy at Orrell, Greater Manchester. Angela (third from left) is pictured here, from the left, with Victoria Steele, branch manager, Carmel Baxendale, dispending technician, Michelle Roberts, area manager, Denise Taylor, dispensary assistant, Jonathan Richman, business development manager and Karen Stokes, healthcare assistant

Appointments

Testerworld, trading as DE Pharmaceuticals, has appointed **Tony Norris** to join the company's board of directors. Tony joined DE Pharmaceuticals in 2002, bringing over 30 years' experience in hospital sales and mainline wholesaling.

Mawdsleys has appointed **Mark Armstrong** as depot manager of its Milton Keynes branch. Mark joined Mawdsleys from UniChem's distribution centre in Livingstone where he spent five years, latterly as acting operations manager.



Sarah Purvis

Professor Trevor Jones, CBE, has been elected to the French Academie Nationale De Pharmacie at a ceremony at the University of Paris. Prof Jones, who co-developed the anticancer drug Navelbine with Pierre Fabre while at Wellcome, has also recently become a senior R&D advisor to Labs Servier.

Sarah Purvis has joined AAH Hospital Service as service development manager. Originally trained as a pharmacy technician in the armed forces, Sarah gained professional procurement experience at the Ministry of Defence's Medical Supplies Agency, armed forces.

Teenage **condom law** planned

Colombian teenagers may be forced to carry condoms as part of a scheme to cut the rate of HIV infections.

Willian Peña, a councillor in the town of Tuluà, has proposed males over the age of 14 should be forced to carry condoms in the same way they carry national identity cards. Anyone caught without a condom in the town, where 14 people died last year from a sexually transmitted disease, would face a fine or be forced to attend an Aids-prevention class.

"This is a country with a lot of sexual activity and Tuluà is no exception," Mr Peña told a Colombian national newspaper. "This measure would not oblige anyone to have sex, only to protect themselves."

Mr Peña's scheme has been criticised by church leaders and politicians, who said it was important to educate people about the dangers of unprotected sex. Would this swing the ID card vote in the UK?

Scent of a woman...

A woman's body odour can attract men when she is most fertile and repel them when she is not, scientists have revealed. According to a report in the journal *Ethology*, a woman's armpit odour is at its mildest when a woman is most fertile. However, the smell changes to a repellent odour when she is having a period and is not ready for pregnancy.

The researchers at Charles University in Prague, Czech Republic, studied 12 women who wore armpit pads for 24 hours a day. The samples were presented to 42 men who assessed the 'attractiveness' of the scent. "The results suggest that body odour can be used by men as a cue to the fertile period in current or prospective sexual partners," Jan Havlicek, the study's leader, said.

Interestingly, a previous study by the group suggested women prefer the aroma of dominant men when they are at the most fertile stage of the menstrual cycle. Who comes up with these ideas?

WIN £500 towards an all-inclusive family beach club holiday

The winners of this great Pharmacy Travel prize will receive £500 towards a fantastic family holiday at the Mark Warner Beach Resort of their choice

The excellent Mark Warner holiday programme features nine magnificent exclusive beach resorts where everything is laid on and virtually everything is included. The locations are simply stunning, beautiful secluded beaches along coastlines ideal for watersports. Mark Warner resorts are located in **Greece and the Greek Islands, Corsica, Portugal, Sardinia, Turkey, Egypt, Mauritius and Sri Lanka.** Holiday prices include all meals with wine, watersports, health and beauty treatments and award winning childcare. This unique recipe ensures a perfect holiday and superb value for money.

The prize is £500 towards a family holiday selected from Mark Warner's Summer 2006 programme. The booking must be for a minimum of seven nights and a minimum of two adults and one child (under 12) or three adults. It may be taken any time between 01 May/31 October 2006 (subject to availability). £500 will be deducted from the holiday balance invoice.

Pharmacy Travel guarantees year-round savings

A combination of generous discounts and exclusive offers always ensures excellent cost savings on:

- ✔ Activity holidays
- ✔ Airport hotels
- ✔ Airport car parking
- ✔ Airport VIP lounge passes
- ✔ All-inclusive resorts
- ✔ Beach clubs
- ✔ British holidays
- ✔ Camping holidays
- ✔ Car hire – worldwide
- ✔ City breaks
- ✔ Coach holidays
- ✔ Country house hotels
- ✔ Cruises
- ✔ Escorted tours
- ✔ Farmhouses & gites
- ✔ Flights
- ✔ Fly-drive holidays
- ✔ Golfing breaks
- ✔ Health spas
- ✔ Hotel bookings
- ✔ Independent travel
- ✔ Motoring holidays
- ✔ Package holidays
- ✔ Sailing & boating holidays
- ✔ Short breaks
- ✔ Ski holidays
- ✔ Theatre breaks
- ✔ Travel insurance
- ✔ Villas and apartments
- ✔ Yacht holidays and charter

For further information call Pharmacy Travel

0870 242 6239

Rules 1.This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *C&D* or Community Pharmacy 2.Competitors may enter through *C&D* or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries 3.Entries must be on an original coupon from *C&D* or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon 4.The prize offered will be as stated. No alternative holidays or cash prizes will be offered 5.Names of winners will be published in *C&D* and Community Pharmacy 6.In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into 7.Employees of CMP Information Ltd, Holidaysaver and trading divisions and their immediate families are forbidden to enter 8.No purchase is necessary to participate 9.The closing date for this month's competition is as printed on the entry coupon

travel**offer**

Entry coupon Jan2106CD

Closing date February 1, 2006

Q Over what percentage of the NHS budget do Primary Care Trusts hold?

A .....

Full name .....

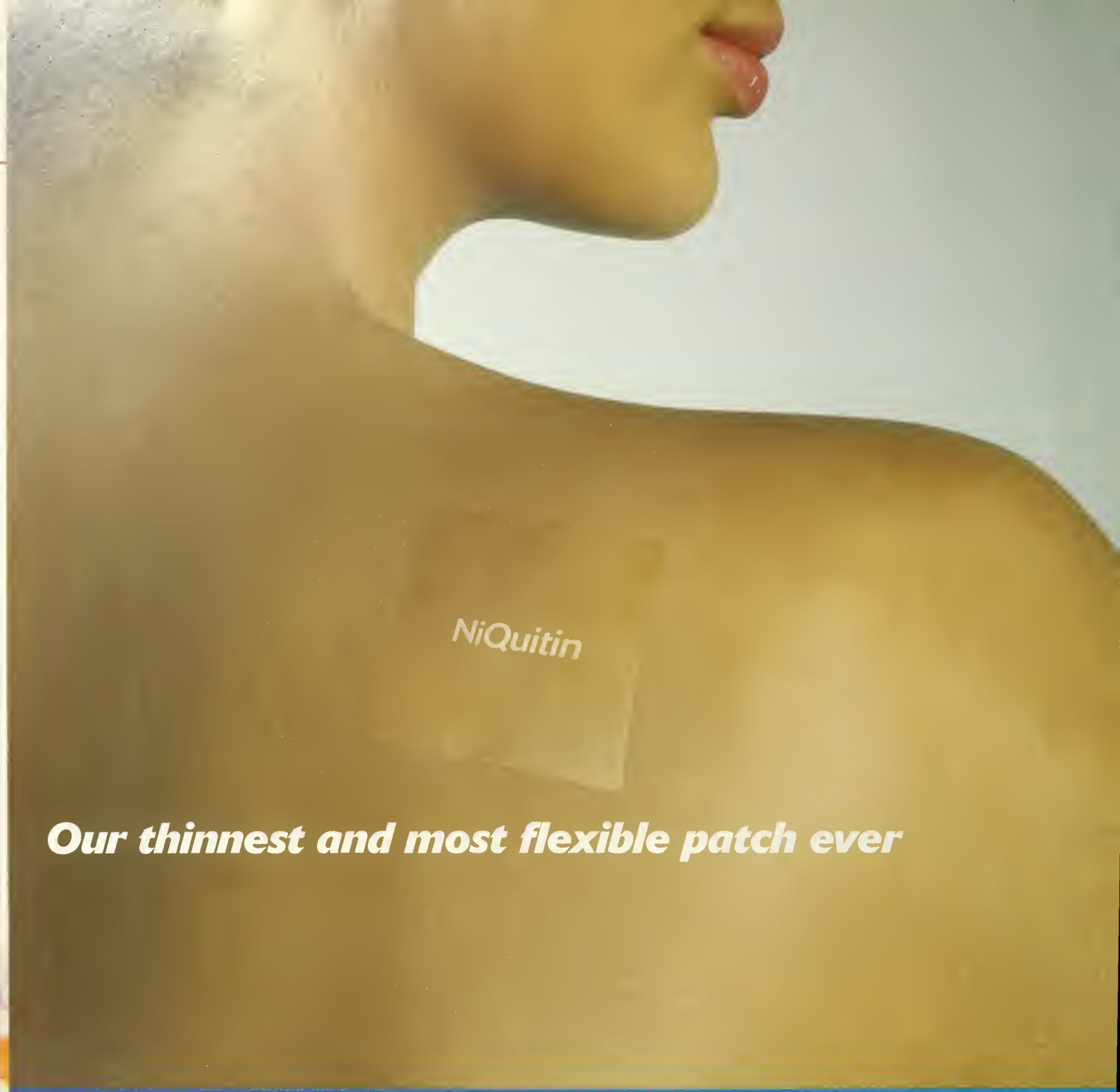
Full pharmacy name and address .....

Post Code .....

Send your entry to: Pharmacy Travel, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW

Incomplete entries will not qualify for the prize draw/holiday discount voucher

Information you supply to CMP Information Ltd and TCI Direct may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept PGT685, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 [illegible] quoting the following codes: (i) PGT685C, (ii) PGT685 T



Our thinnest and most flexible patch ever

For extra support throughout their quitting journey, customers can visit Click2Quit.com for their personal quit plan.

Quit with NiQuitin

Nicotine

NiQuitin CQ 21, 14, 7mg Transdermal Patches, NiQuitin CQ Clear 21, 14, 7mg (nicotine). See SPC for full information. Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults; *≥10 cigarettes/day;* Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. *<10 cigarettes/day;* Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh site (clean, dry skin) once daily. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, severe renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma, dermatitis. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

gsk GlaxoSmithKline Consumer Healthcare